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Nutrition Field Observations and Experiences in the State of Florida

Lydia Agnes Janca
University of Tennessee, Knoxville

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To the Graduate Council:

I am submitting herewith a thesis written by Lydia Agnes Janca entitled "Nutrition Field Observations and Experiences in the State of Florida." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

Grayce E. Goertz, Cyrus Mayshark

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

July 19, 1967

To the Graduate Council:

I am submitting herewith a thesis written by Lydia Agnes Janca entitled "Nutrition Field Observations and Experiences in the State of Florida." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nellie Traylor
Major Professor

We have read this thesis and
recommend its acceptance:

Grayce L. Bantz
Cyrus Mayshark

Accepted for the Council:

Hilton A. Smith
Vice President for
Graduate Studies and Research

NUTRITION FIELD OBSERVATIONS AND EXPERIENCES
IN THE STATE OF FLORIDA

A Thesis
Presented to
the Graduate Council of
The University of Tennessee

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Lydia Agnes Janca

August 1967

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L. A. J.

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CHAPTER I

INTRODUCTION

The purpose of this report is to analyze the student's field experience with the Florida State Board of Health, Division of Nutrition. During this eight weeks' period, March 22 through May 16, 1967, the student observed and participated in the nutrition programs. Approximately two-thirds of this time was devoted to the Institutional Nutrition Consultation Program. The student has focused her course and field work on the institutional phase of nutrition consultation. In the future, she hopes to apply this knowledge in establishing an effective institutional nutrition program, within the framework of a generalized nutrition program. Florida was chosen as the location for the field work because it could provide opportunities in a relatively new, well developed institutional consultation program and in a broad generalized nutrition program.

The primary objective of the field course was to supplement the course work and experience of the student in developing concepts of the public health profession, particularly the nutrition component. To achieve this objective, the field course was planned to provide additional insight into the administrative organization of public health nutrition and to develop confidence in the student's abilities and performance through professional practice and application of knowledge. The second objective was to observe and participate in the

institutional nutrition program. Activities included program development, consultation with health department personnel, cooperation with other agencies in training programs, and direct services to individual group-care facilities.

CHAPTER II

RELATIONSHIP OF THE NUTRITION PROGRAM TO THE FLORIDA STATE BOARD OF HEALTH

I. CHARACTERISTICS AND NEEDS OF THE POPULATION SERVED

Health and nutrition programs, to be effective, must be individualized to meet the needs of a particular group of people. To understand the public health problems, some knowledge of the culture, economy, and physical environment of the population is essential. Each of these factors influences the health programs as well as the people. Health statistics, also, may be used in demonstrating the needs of the population and in establishing priorities for program planning.

Florida is a peninsula of 58,666 square miles. It is bounded on the north by Georgia and Alabama, and the west by the Gulf of Mexico. The Florida Keys, a 150 mile tail of islands at the southeastern tip, is the southernmost part of the United States. Water is one of Florida's major resources. There are more than 30,000 natural lakes in the state and no location in the state is farther than seventy miles from either the Atlantic Ocean or the Gulf of Mexico. No other area, of similar size, in the United States has as much underground and surface water as Florida. The soil ranges from the highly fertile organic muck and peat of the Everglades to the sandy soil of the beaches (1, 2).

Florida is called the Sunshine State, since there is more sunshine in the winter than in any state east of the Mississippi. January is the coldest month with an average temperature of 63° F. and the average summer temperature is 81° F. Although the climate is moderate, the state is subject to hurricanes that form in the Caribbean Sea. Great destruction of property and sometimes loss of lives may be encountered (2, 3).

Juan Ponce de Leon discovered Florida in 1514 soon after Easter during the time of the Feast of the Flowers. Because of the feast and the beautiful flowers he found, he named it La Florida (1). Since then, the Spanish, French, and English cultures have melded into the American way of life.

Population and Health Statistics

When the first census was taken in 1850, the population was 87,445. Florida ranked last among the thirty-one states of the union. By 1900, the population had increased 500 per cent (2). In 1966, the estimated population of 5,941,000 ranked Florida as the ninth most populous state; 82.1 per cent of the population was of the white race (4). The population is concentrated around the five largest counties; Dade, Duval, Hillsborough, Pinellas, and Broward counties house one-half of the population of the state (2).

In-migration accounted for approximately 136,000 (or 67 per cent) of the increased population between 1965 and 1966 (4). In the period from 1960 to 1965, the growth rate of 3 per cent was double the

United States rate of 1.5 per cent. This was a decline from the 1955-1960 period, when in-migration was at its peak. In-migration between 1955 and 1960 was primarily attributable to retired white persons. The percentage of persons over sixty-five years of age rose from 8.6 in 1950 to 12.3 in 1960 (5).

In 1966, there were 102,542 births to Florida residents. The rates per 1,000 population were: total 17.3, white 15.0, and non-white 27.8. This was a 4 per cent decline from the 1965 figures. The birth rate for the United States was 19.4 per 1,000 population in 1965 (6). One reason for Florida's lower birth rate is the large number of persons out of the child-bearing age range in the state (4). In 1965, 96.5 per cent of the births were delivered by physicians. This was a decrease in midwife attendance from 8.5 per cent in 1955 to 3.2 in 1965 (5).

Immaturity is defined as a birth weight of less than five pounds, eight ounces. The percentage of live births considered immature in 1965 was 9.4. There has been only a small increase in the percentage of immature infants that are white (male and female) or nonwhite male. The percentage of immaturity among nonwhite females has shown a steady increase (5). The infant mortality rate (under one year of age) per 1,000 live births in 1966 was 27.1. The non-white rate was 42.1 as compared to the white rate of 21.2. In the same year, the United States provisional report indicated an infant death rate of 22.8 per 1,000. In Florida, the maternal death rate in 1966 was 39.8 per 100,000 live births, the white population had a

rate of 25.8 whereas the nonwhite population's rate was 75.4 in 100,000 live births (7, 8).

The crude death rate per 1,000 population was slightly higher in 1966 than in 1965 (10.4 against 10.2). This has been the trend since the mid-1950's. This trend is related to the higher percentage in the older age group, where the age-specific death rates are much higher. Without the effect of the age difference, Florida has a lower death rate for the white population and slightly higher rates for the nonwhites than the United States as a whole (4). The ten leading causes of death in Florida in 1966, in descending order were: diseases of the heart, malignant neoplasms, cerebral vascular diseases, all accidents, influenza and pneumonia, diseases of early infancy, emphysema, aortic aneurysm, general arteriosclerosis, and diabetes mellitus (7).

Social Characteristics

Florida does not always follow a typically Southern pattern. The people in the northern arm of the state are much like other Southerners in eating habits and customs. The other, more populous portion of the state, was developed by Americans from many different regions. During the field visit the student also observed the cosmopolitan nature of the lower half of Florida. Eating patterns are characteristic of only a small area. This made nutrition education more challenging since each situation had to be analyzed separately to determine the approach to fit the group.

One of the two population groups that demand special consideration is the migrant agricultural workers. Approximately 100,000 migrants of the Atlantic Coast Stream spend the winter months in Florida. The majority of these persons are Negro (65 per cent). The remainder are Mexican-Americans from Texas, Puerto Ricans, American whites and contract workers from the British West Indies. Because of the mobility associated with their work and low wages, many health problems arise. The inadequacy of sanitary facilities is of prime importance. Approximately 40 per cent of the migrants receive health service through the Migrant Health Project (9).

The Seminole Indians, another distinct group, were originally from Georgia, Alabama, and the Carolinas. These people were not one tribe, but a combination of many tribes. Today most of these Floridians live on tax-exempt reservations. Their living conditions are much like those of the past. The camp consists of one or more chickees (a cypress structure topped with palm fronds) which houses the father, mother, married daughters, their husbands, their children, and unmarried sons and daughters. The cooking facility is separated from the sleeping quarters and it may or may not be under a roof. Adequate sanitation and health care, in general, are inhibited by the patterns of the past. Approximately 1200 Seminoles live on four reservations; Big Cypress, Dania, Brighton, and Forty-Mile Bend. These reservations are in the southern portion of Florida (10).

Economy

When the board of health was established in the late 1800's, Florida economic base was limited to agriculture and the lumber industry. As the economy expanded, funds for better health programs were provided. Health programs such as the control of yellow fever epidemics, malaria, and hookworm disease, in turn, have made Florida's environment more desirable. Particularly, tourism has increased because of the favorable climate and the interaction of the expanding economy and the health programs (11).

The citrus fruit crop and winter vegetables are the main food products. Additional industries include food processing and paper-making (11). A new industry, related to the nation's space program, was created when Cape Canaveral (now Cape Kennedy) was established in 1956 (2).

II. PROGRAMS AND SERVICES OF THE FLORIDA

STATE BOARD OF HEALTH

History

Many attempts were made in the 1800's to establish a state board of health. In 1873, a bill was introduced in the State Legislature to establish a state board of health, but it was rejected because it requested an "exorbitant" appropriation of \$200. Measures were introduced again in 1885 and 1887, but again these were unsuccessful. The need for a program to protect the health of the people was exemplified

in the yellow fever epidemic in Jacksonville in 1888. Hardy and Pynchon give this account:

THE BIRTH of the Florida State Board of Health is a dramatic incident in the history of yellow fever and its control in the State. The immediate stimulus was the Jacksonville epidemic of 1888. Over 10,000 of Duval County's 26,800 residents fled. Among those who remained, there were 5,000 reported cases of yellow fever with 400 deaths. The mortality was said to be about nine per cent, a very low rate and "not due to the mildness of the disease but to the fine care given the patients (11).

In 1889, Governor Fleming called a special legislative session to create the board of health. Dr. J. Y. Porter, who had worked vigorously in the yellow fever epidemic, was chosen as the first health officer (11). Jacksonville, the birth place of the board of health, is the present headquarters of the state health department.

Organization

The Florida State Board of Health may refer to the governing body or the organization responsible for executing its policies. The governing body, appointed by the Governor, is composed of five members. At the present time two physicians, an osteopathic physician, a pharmacist, and a dentist comprise the board. Generally, they meet bi-monthly. The State Health Officer interprets the policies of the governing board. He executes these policies through the bureaus and divisions of the state health department and the county health departments as shown in Figure 1 (12). The bureaus, divisions, and departments, of the Florida State Board of Health, discussed in this section, represent those units in which the student observed program activities with a nutrition component.

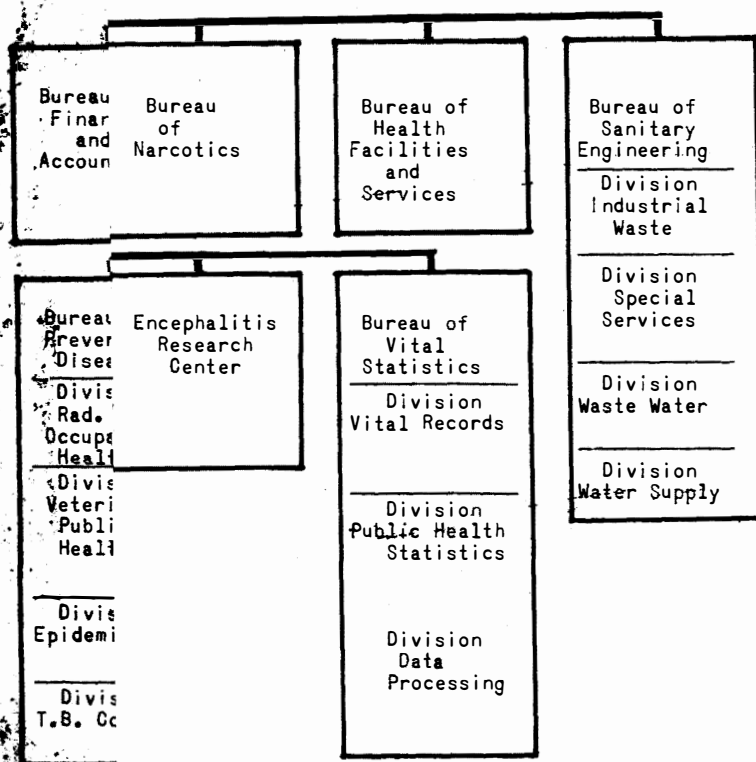
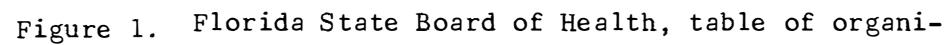


Figure 1. Florida State Board of Health, table of organization.

TABLE OF ORGANIZATION



County Health Departments

The state board of health (health department) functions through the sixty-seven county health departments. These health departments are autonomous units within the existing policies established by the state governing board. Each county in Florida has a health department, but small counties may share a health officer or a director of nursing with two or more adjacent counties. All health officers are full-time employees (13).

Jacksonville has the only city health department. Attempts have been made to consolidate this department with the Duval County Health Department. To date, no conclusion has been reached on this merger (13).

The County Health Trust Fund is responsible for distributing the money to each county. The county is assured of receiving its own local appropriation. Generally, the funds are provided by one-third each from federal, state, and county appropriations. Approximately one-half of the funds of the state board of health are derived from federal funds (13).

Bureau of Local Health Services

The major functions of the Bureau of Local Health Services are to coordinate the activities of the county health departments and to offer consultation services to the local staffs. To efficiently perform these functions, consultants in the field of environmental sanitation, nutrition, accident prevention, and health mobilization are housed

in this bureau, which is subdivided into divisions. The Division of Nutrition has been a part of this bureau since 1958. This placement makes nutrition services available in all counties, since local activities are correlated in this bureau. Since there is no regional structure of the state board of health, each bureau or division decides the best method of sectionalizing the state based on programs, number of staff, and space available. The Division of Nutrition will be discussed in greater detail in Part III of this chapter.

Division of Sanitation. The two basic responsibilities of the Division of Sanitation are: (1) consultation to the county health departments and (2) interpretation of the state policies and directives. Sanitarians at the local level are administratively responsible to the local health officer. Technical guidance may be obtained from state consultants on such matters as food processing, private water supplies and sewage disposal, and sanitation standards for group-care facilities. There are four regional consultants. Another consultant coordinates the in-service training program, which includes a twelve-week training course for all new sanitarians (12).

Accident Prevention Program. The Accident Prevention Program came into its own in 1958. Its goal is to reduce the number and fatality of all accidents. Objectives include: promotion of the importance of the program (all accidents were the fourth leading cause of deaths in Florida in 1966), conducting and expanding in-service safety programs, reporting of accidental poisoning, and tabulation of records of accidents (12).

Bureau of Adult Health and Chronic Disease

The Bureau of Adult Health and Chronic Disease was created in December, 1965. Until that time, adult health was a division under the Bureau of Special Health Services. This bureau actively promotes programs on: control of heart disease, cancer, and diabetes; the prevention of blindness; aging; and smoking and health. The staff provides consultative services to the county health departments in establishing local programs (14).

Diabetes Control Program. Diabetes was the ninth leading cause of death in 1966 (7). Diabetes occurs more frequently in middle age or elderly persons. Since Florida has more older persons, more cases can be expected. To help determine the needs of the population, the Diabetes Control Program functions in three broad areas, that of insulin distribution, case finding, and education (14).

Insulin distribution to medically indigent patients has far reaching benefits. Some of these benefits include case-finding to develop a local diabetes registry, information for case finding among relatives, and a reliable source of data for program development and program evaluation. During 1966, approximately 3309 medically indigent diabetic patients received all or part of their insulin supply from state sources through the county health departments. A preliminary survey determined that presently it is not financially feasible to provide oral hypoglycemic drugs to medically indigent patients (14).

Education, a major component in any control program, includes dissemination of professional information and lay and patient education.

Seminars and classes are two methods of providing information and promoting the program. Timely Topics, a monthly publication for diabetics, has a distribution of 4,000. This easy to read leaflet is directed toward lay persons interested in diabetes. The readers may be diabetics, their relatives, friends, and other interested persons (14). The Division of Nutrition supplies information on menu planning or recipes for each issue. Many other pamphlets have been developed for general distribution.

Heart Disease Control Program. Heart disease is the leading cause of death in both the state and in the nation. The Heart Disease Control Program supports the Florida State Heart Council. The council representatives are: Florida Medical Association, Florida Heart Association, Florida State Board of Health, Florida Department of Public Welfare, Florida Vocational Rehabilitation Administration, Florida Crippled Children's Commission, Florida Industrial Commission, Florida Nurses Association, and the Florida Society of Crippled Children and Adults. Services of this program include penicillin prophylactic treatment for rheumatic fever patients, heart clinics, and an educational program with focus on prevention (14).

Bureau of Vital Statistics

The major functions of the Bureau of Vital Statistics are categorized into three divisions: vital records, public health statistics, and data processing. Vital records consisting of birth, death, stillbirth, marriage, and divorce records are valuable as legal documents;

for personal information; and for public health statistics. The Division of Public Health Statistics acts as a statistical consultant for other bureaus of the state board of health in developing surveys and research projects. Statistics are compiled and used in program planning and evaluation. The Data Processing Division, a service division, is responsible for the design of systems and procedures used in processing of data via an electronic tape computer (12).

Bureau of Dental Health

Dental health programs encompass corrective dental care to underprivileged children, analysis of lactobacillus bacteria for private and public health dentists, and dental health education. A Design for Teaching Dental Health in Florida Schools has been written with the department of education; the objective is to promote good dental health in the Florida school system. In communities where private dentists are limited in numbers, the state operates mobile dental clinics for indigent children. These mobile clinics are operated by a dental preceptor. Recent dental graduates may qualify as preceptors. The Dental Preceptee Training Program is one method of recruiting more dentists for remote areas since they often return to establish private practices in small towns of Florida. Education is vital to the dental health program; therefore, a health educator is employed to develop material and participate in dental health programs. The director is the liaison between the dental societies and the board of health. At the present, oral cancer detection programs are being developed throughout the state (12).

Bureau of Maternal and Child Health

The health of mothers and children is the primary concern of the Bureau of Maternal and Child Health. The scope of activities includes maternity clinics, well child conferences, school health programs, and health services to special children such as premature infants and children with phenylketonuria. Family planning advice and contraceptive supplies are available through the regular maternity clinics. Special projects include a premature infant care center, a developmental evaluation center, and a migrant health project (12). The health component of Head Start and Comprehensive Children and Youth Projects may be administered through this program of the health department.

There are approximately fifty Maternity and Infant Care Projects (M and I), funded by the Children's Bureau, throughout the county. One-tenth (five) of these projects serve Florida. Seventeen of Florida's sixty-seven counties provide comprehensive health care for mothers and infants through these projects. The projects in Broward, Dade, Orange, and Palm Beach counties operate within the local health department. The fifth project is jointly administered by the state board of health and the University of Florida Medical School and covers thirteen north central counties. Project nutritionists have been employed in Dade and Palm Beach counties. Nutrition consultant positions have not been filled for the projects in north central Florida, Broward County, and Orange County (13).

Migrant Health Project. In 1962, the state began a sixteen county Migrant Health Project. Forty per cent of the migrants receive health services through this project. The health coordinator is housed in the Bureau of Maternal and Child Health, since the majority of persons receiving health services through this program are mothers and children (15).

The migrants live in tents, trailers, or small dilapidated houses without adequate sanitary facilities. Lack of money or improper cooking and refrigeration facilities may be responsible for inadequate meals. As a result, upper respiratory infections, gastro-enteritis, and tuberculosis are on the rise among Florida's migrants. Through this project the board of health furnishes medical, nursing, dental, sanitation, and nutrition services. Because of the long working days, night clinics are held for the convenience of the patients (15).

Florida uses a health service index referral system for transferring the personal information of migrants from one state to another. At the time of the field experience, the United States Public Health Service was coordinating a standard referral system among all states serving migrants. A uniform system is vital in the continuity of care, especially in prenatal care. The mobility of migrants due to employment makes a continuum almost impossible (9).

One group of migrants, who do not follow the stream, is the offshore laborers from the British West Indies. Sugar cane farmers contract to have these men brought into the state because they have skills not commonly possessed by the American agricultural workers.

Their contract includes medical insurance, proper housing, and sanitary facilities; therefore, these men do not have the problems that face other migrants. Between 8,000 and 14,000 skilled laborers come each year. The length of stay is short since they harvest only the more difficult crops (9).

Bureau of Health Facilities and Services

The Bureau of Health Facilities and Services is responsible for hospital licensure, nursing home licensure, administration of the Health Insurance for the Aged Program, hospital services for the indigent, health services for the Indians. The director, an administrative assistant, a health program analyst, nine hospital consultants, a nurse consultant, and an institutional nutritionist comprise this staff. All five major programs provide regulatory and consultative services.

Hospital licensure. The primary function of the hospital licensure program is regulatory. In 1957, a mandatory licensing law was passed to license all hospitals having ten or more beds. All plans for new or remodeled hospitals are reviewed by a hospital consultant. Approximately 190 hospitals are licensed at this time. In the calendar year of 1966, the cost of hospital and nursing home construction in Florida totaled seventy-five million dollars (16).

Nursing home licensure. Presently there are about 23,000 patient beds in the state supplied by 280 nursing homes, 60 homes for

the aged, and 12 special service homes. Each home must be licensed annually, but in some counties, homes may be visited more frequently by the county health departments. To continually improve patient care, educational programs have been developed with the cooperation of Florida Nursing Home Association, state supported universities, and county health departments. There is one hospital consultant assigned to this program, but the hospital licensure staff is utilized in many of the programs. The senior Institutional Nutrition Consultant was originally employed to help in the educational phase of this program (12, 16).

Health Insurance for the Aged Program. In Florida, the Bureau of Health Facilities and Services has been designated as the official agency for the administration of the Health Insurance for the Aged Program. Certification, consultation, and coordination are the main components of the program. In April 1967, an estimated 176 hospitals, 140 extended-care facilities, and 59 home health agencies were recognized as complying with the standards of participation. Fifty counties have the services of a home health agency. These agencies may be within the county health department, within the Visiting Nurses' Association, hospital based, or within an extended care facility. The majority are within the county health department (16, 17).

Hospital or extended-care facility surveys utilize a team approach for the certification for the Health Insurance for the Aged Program. An institutional nutritionist may take part in this activity.

Hospitalization for indigent patients. Hospitalization for indigent patients has been provided since 1959. By contract with the department of public welfare, the health department spends approximately five million dollars per year on this program. The funds are derived from federal, state, and local appropriations. Local (county) participation is optional (12, 16).

Health services for the Seminole Indians. In 1960, the United States Public Health Service contracted with the state board of health, through the county health departments of Broward, Glades, Hendry, and Highland counties for the health services for the Seminole Indians. Clinics are maintained on each of the reservations. A common problem, which stems from lack of sanitary privies, involves intestinal disturbances from parasitic infestation. Accidents are another major health problem (10).

Division of Public Health Nursing

The Division of Public Health Nursing is directly responsible to the State Health Officer as shown in Figure 1, page 10. The philosophy of this division is "that the most effective, economical, and efficient family and community health service is one wherein the public health nurse is concerned with the total needs of the family" (18). Coordination of the nursing program with all other bureaus and divisions is the aim of this division. Functions include recruitment, placement, promotion, and organization of the public health nurses. Continuing education for nurses is coordinated by this division. The regional nursing

consultants are advisors to local public health nurses. The duties of these consultants are numerous. Assistance in planning, initiating, implementing, and evaluating programs and services; interpretation of policies and procedures; and participation in in-service education programs are only a few of the duties. Each of the regional nursing consultants is a specialist in a particular field but offers generalized consultation to her assigned area (12).

Division of Health Education

The Division of Health Education is the second of the three divisions directly responsible to the State Health Officer. (The third, the Division of Personnel, will not be discussed in this report.) Services offered by health education are: the use of an audio-visual library; consultation on exhibits, displays, and other visual aids; maintaining a library for health personnel; preparation of pamphlets, brochures, radio and television announcements, and monographs; promotion of and consultation to county and project health educators. The Florida Health Notes, published ten times a year, and an annual report are two of the many publications of the division.

Another function of this division is the development and coordination of the Florida Health Project in Teacher Education. This project, sponsored by the board of health and the department of education, offers a course providing practical experience to teachers, health coordinators and school administrators in identifying health problems and resources in their respective communities. In the summer of 1967,

six universities and colleges will participate in this course. The course consists of a two-day orientation program at one of the six colleges, a three-week experience with a county health department, and in conclusion a three-day evaluation period at the college. The field experience must be taken in the county where the teacher is normally employed (19).

III. NUTRITION COMPONENT OF HEALTH PROGRAMS

History and Philosophy

Pellagra was a common cause of death in the early Nineteen Hundreds. The dietary origin of pellagra was accepted in 1914. About this time, Dr. Porter, Florida's first State Health Officer, stated that nutrition education was necessary since many people in good circumstances were eating a pellagra-producing diet. To correct this situation, he encouraged the personnel to include dietary instruction in their services. Within a year, deaths from pellagra were cut in half. As the incidence of pellagra declined so did the emphasis on nutrition (11).

Nutrition education, included as part of maternal and child health services, was revived in 1941. A Department of Nutrition Investigation and Services within the state board of health, the first such service organized by a state, was established in 1946. The problem of anemia was the primary factor responsible for the development of this service. Epidemiological investigation was the initial focus, but techniques for effective nutrition education also were

developed. In seven counties, blood samples from two thousand children were tested for the hemoglobin content. This project stimulated widespread interest in nutrition. To reduce the number and severity of anemia cases, supplementary school feedings and educational programs were introduced. Slowly, improvements were made in the dietary patterns of some of the citizens (11).

Since one blood specimen could be used for both the hemoglobin and blood sugar content, a mobile field unit, used in the anemia study, also was used in screening diabetic patients. Because of this cooperative activity, nutrition services and diabetes control functioned as the Division of Nutrition and Diabetes Control from 1950 to 1958. Since 1958, the administrative placement of the Division of Nutrition has been in the Bureau of Local Health Services (11).

The philosophy of the Division of Nutrition can be summarized by the following quotation.

The goal is to improve the eating habits of Florida's citizens, help them meet their nutritional requirements during health or disease and contribute to their highest possible level of health and well-being. Although the objective is to offer services to individuals of all ages and socioeconomic groups, limited staff and the framework of existing public health programs focus primary emphasis for services on pregnant women; infants, pre-school and school children; the chronically, socially, and culturally deprived (20).

Since the activities related to the county health departments are coordinated within the Bureau of Local Health Services, it is considered that the Division of Nutrition can best fulfill its goal by functioning as part of this bureau.

Staff

Qualifications. All nutrition consultants are classified according to the Florida Merit System specifications (see Appendix A, page 66). The classification is dependent on technical knowledge, size of area served, and supervision of other professional persons. The levels of nutritionists are Nutrition Consultant I, II, III; Institutional Nutrition Consultant; and Nutrition Director. These specifications are currently being revised. It has been proposed that there be at least two levels of Institutional Nutrition Consultants.

Placement. The staff is continually expanding since positions in special projects and the development of the nutrition component of new programs are being introduced. Presently the state staff consists of a director, a half-time training coordinator, four regional nutrition consultants, two institutional nutrition consultants, two nutrition consultants assigned to particular counties, and two nutrition residents. Geographical assignments are shown in Figure 2. In addition positions also have been established at the local level. Dade and Hillsborough Counties employ full-time nutritionists. Each of the Maternity and Infant Projects in Palm Beach and Dade Counties have two nutritionists on their staff. The nutrition positions, for the three projects in Orange County, Broward County, and north central Florida, are budgeted but unfilled. Because of the many positions in the Maternity and Infant Projects and the large proportion of the total services needed by these persons, a specialized Maternal and Child

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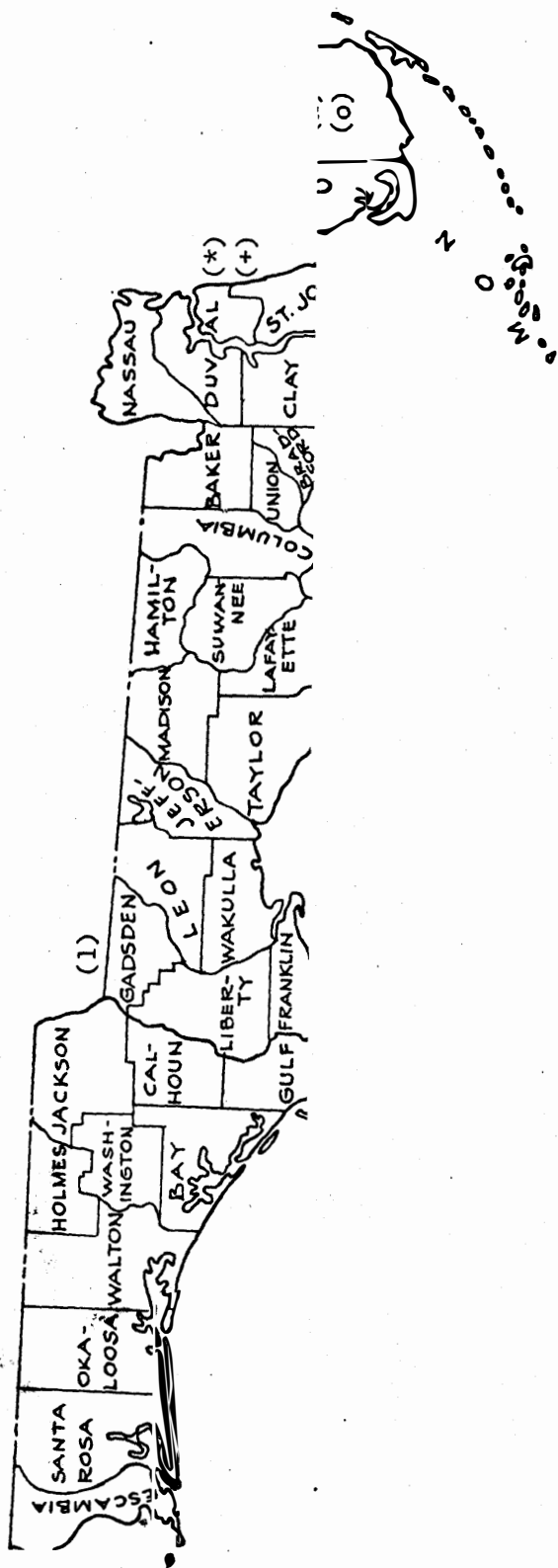
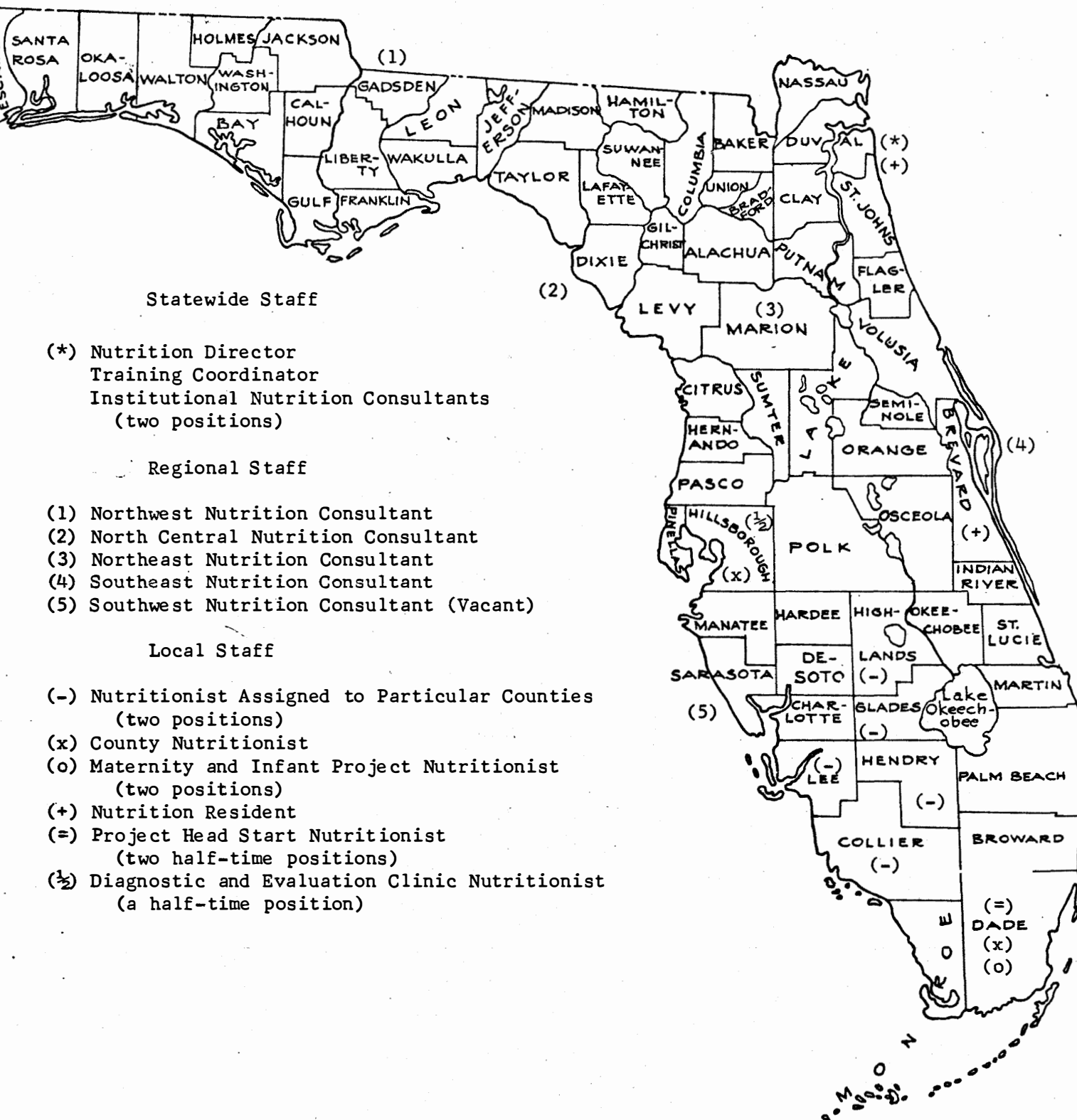


Figure 2. Nutrition positions and geographical assignments in Florida, May, 1967.

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Nutrition Consultant was designated as a consultant and coordinator for project nutritionists.

In Dade County, the health component of Project Head Start is contracted to the county health department; two half-time nutritionists are employed for implementing the nutrition component of this program. Hillsborough County Health Department has a half-time nutritionist for the Diagnostic and Evaluation Clinic. Positions to be filled are: one regional nutrition consultant, one institutional ^{nutrition} ~~nutrition~~ consultant for the Health Insurance for the Aged Program, five nutritionists for the Maternity and Infant Projects, one nutrition resident, two or more nutritionists in each of the Children and Youth Projects in Dade and Palm Beach Counties, and two nutritionists for the Dade County Health Department-University of Miami Diagnostic and Evaluation Clinic (13). The demand for additional nutrition services was evident throughout the field experience.

Since there is no regional structure within the state health department, the Division of Nutrition assigns the staff by the amount of work, the concentration of population, existing space in a county health department, and the domicile of the nutritionist. The regions are not equal in number of counties, but they are more comparable in population and need for services. The nutritionist in the fifth regional nutrition position (recently vacated) also serves as the coordinator for the nutrition services of the Migrant Health Project. Each of the regional nutritionists is classified as Nutrition Consultant III. They are administratively and technically responsible to the Director, Division of Nutrition.

One nutrition consultant is assigned to Collier and Lee Counties; another is assigned to Glades, Hendry, and Highlands counties, a Rural Demonstration Project. The special population groups (migrants and Indians) are concentrated in these two areas. A large percentage of migratory agricultural workers are found in the first area; two of the four Seminole Indian reservations are in the second area. The classification of these nutritionists is Nutrition Consultant II. Technical direction is given by the Director, Division of Nutrition through the regional nutrition consultant.

The county nutritionists are employed by the county but receive technical guidance from the Division of Nutrition. The county nutrition consultant may be classified as a Nutrition Consultant II or III depending on the size of the county and complexity of its public health programs. The nutrition resident functions as a county nutritionist. She is considered a member of the county staff, but is employed by the state. This beginning level position is classified as a Nutrition Consultant I. The residency program will be described later as part of the training program.

Recruitment. The effectiveness of the recruitment program can be exemplified by the ten nutritionists who joined the staff in 1966. The division has cooperated with the Florida Home Economics Association in high school career guidance programs. The audio-visual library of the Division of Health Education has the American Dietetic Association's recruitment film, View From the Mountain, available for showing

free of charge. The most distinctive form of recruitment is the nutrition residency program. A leaflet promoting this program was recently developed and sent to universities and dietetic internships for distribution to students. A copy of this leaflet describing the residency is found in Appendix B, page 76.

Training programs. The division employs a nutrition consultant as the training coordinator. She is responsible for such activities as the nutrition residency program, the field experience for graduate students in nutrition, summer employment for college students, and in-service staff meetings. The training coordinator also serves as the editor of Nutrition in a Nutshell, a newsletter written primarily to inform public health nurses of current nutrition practices. She assumes the responsibility for the development of many visual aids, including brochures and slides.

Pre-service training may be considered as an indirect method of recruitment. Trainees often enter the professional field and may return to the staff. During 1967, the Division of Nutrition supplied field experience for three graduate students in public health nutrition. The variety and quality of nutrition services offered in Florida is indicated by the fact that three different schools sent students for field experience. Also, pre-service training may be given through summer employment of college students in the Student Traineeship Program. Any bureau or division in the health department may participate in the program by requesting students for specific projects. The

Coordinator of Training of the state board of health recruits and assigns the students. The purpose of this program is to provide summer work for the students, who may observe and assist in programs related to their chosen profession. The second purpose is to provide assistance to the health department staff. One nutrition student has been scheduled for assignment to the division's main office in Jacksonville and another to the Dade County Health Department during the summer of 1967. Duties may include organizing a nutrition library, calculating nutrients from diet records, or assisting the nutritionist in demonstrations and lectures.

Active in-service training has several forms, such as the nutrition residency program, the state health department orientation program, staff conferences, and seminars. The one-year residency program is the most continuous and concentrated training program. The objectives are to interest recent baccalaureate graduates or dietetic interns in the public health profession and to provide more nutrition services at the local level. This one-year program introduces the nutrition resident to the principles and practices of public health through the state orientation program, a two-month planned orientation program conducted in a county health department, conferences, and assignment to a local health department for the remainder of the year. The entire experience is organized by the Training Coordinator and the resident receives guidance from the designated regional nutrition consultant. At the end of the year, she is encouraged to begin graduate study for the Master's degree. Financial assistance is available from the state or federal sources.

The state health department orientation program is included in the orientation of all newly employed nutrition consultants. New employees from all county health departments and state bureaus are invited to this week-long conference. It is held three times each year. In addition to the lectures given by the directors of each bureau or division, opportunities are provided for informal meetings and discussions.

Staff conferences are planned for the purpose of staff development and continuing education. They are held four times a year. The spring conference this year focused on the school health program. This included the role of the public health nutritionist in school food service, the Youth Nutrition Planning Conference, nutrition education for mentally retarded children, and the development of a diet survey form and illustrative materials. The student participated in this conference by discussing the proposed graduate program for institutional nutrition consultants at The University of Tennessee.

The regional nutritionists, as well as other consultants in the Bureau of Local Health Services, participate in the bi-monthly staff seminars conducted by a social scientist assigned to this bureau. The student attended the seminar, "The Role of the Consultant as Seen by the Health Officer." This panel discussion was given by three county health officers. This informal, loosely structured program developed interchange between the health officers and the consultants on such matters as protocol, the position of the consultant in the local health department, and deficiencies in the services of consultants.

A policy on continuing education enables all nutritionists to attend one out-of-state convention, seminar, or workshop each year. The nutritionists are reimbursed for expenses for all pertinent professional conferences held within the state.

Communications. Intradepartmental communications serve to correlate nutrition services throughout the state. The director uses correspondence to notify the nutrition staff of innovations in policies and procedures. A copy of all reports generally is sent to the nutrition director. An example is "Report of Field Trip," which is used to describe the purpose of the visit, findings, and recommendations for follow-up activities after visits to local health departments. This form, directed to the county health officer, is used to report all nutrition services.

Program plans aid in communicating with other units and in clarifying the responsibilities of different nutritionists. Much time and effort have been spent in developing plans for the nutrition component of maternal and child health, adult health, migrant health, dental health, and institutional consultation. The student had several conferences with the state nutrition director and the two institutional nutritionists regarding the analysis of the institutional program plan. The Nutrition Residency Program Plan has recently been prepared.

Generalized Nutrition Program

To attain the goal of the Division of Nutrition, the staff initiates and with other disciplines develops the nutrition component in many health programs. Many nutrition positions are funded by a particular bureau or special project, and nutrition services must be provided to the funding agency. Therefore the objective, to offer services to all, has limitations. For example, to a certain extent, the nutrition program must be developed within the existing framework of public health programs. The following examples are believed to be representative of the total nutrition program.

County health departments. The county health departments may receive nutrition services from one of these sources: a county nutritionist, a nutrition resident, a nutrition consultant assigned to the county, or the appropriate regional nutrition consultant. Direct services include normal nutrition and modified diet counseling to individual or groups in maternity, well-child, diabetic, or general-medical clinics. The nutritionist may participate in in-service staff meetings by discussing nutrition for specific age groups, for stress periods, or in disease. The nutrition resident, as a member of the local staff, participates in all related programs of the county health department.

Bureau of Local Health Services. The administrative placement of the Division of Nutrition is in the Bureau of Local Health Services. As part of this bureau, the regional nutrition consultants are required

to attend the bureau's in-service seminars. All county health programs, including the nutrition component, are coordinated within this bureau.

The Division of Nutrition cooperates with the Division of Sanitation by presenting nutrition lectures to sanitarian trainees. Food service facilities may receive guidance from nutritionists and sanitarians on related policies. Therefore, informal communications between these two divisions is important.

Bureau of Adult Health and Chronic Disease. Activities of the Bureau of Adult Health and Chronic Disease that involve nutritionists are numerous. A few examples are cited. Nutritionists cooperated in writing What Everyone Should Know About Obesity, which is distributed by this bureau. A regional nutrition consultant assisted in developing menus for stroke patients on modified diets who were attending week-long camp under the auspices of the American Heart Association. In two counties the nutritionist participated in the profile screening program.

The treatment of diabetes generally includes diet modification. Nutritionists provide services to diabetic persons by group instruction, individual diet counseling, or home visits with public health nurses. Each month, a different nutritionist is assigned to write the recipes and/or the menus for Timely Topics, the bulletin for diabetic persons. A nutrition resident participates in nutrition education program at camps for children with diabetes.

Bureau of Vital Statistics. During the staff conference attended by the student, one session was devoted to the development of a diet history survey form. The Director of the Division of Data Processing, Bureau of Vital Statistics, conducted a discussion regarding the format for collecting data for statistical analysis. Then, the staff was asked to develop a form to be used in determining the eating patterns of Floridians. The information from this survey will be used in planning diet modifications, in nutrition counseling for the individual patient, and in demonstrating the need for and the development of nutrition programs.

Health statistics are used in justifying the necessity of nutrition programs. For example, diseases of the heart and diabetes were among the ten leading causes of death in Florida in 1966. Since dietary patterns are involved in the treatment and control of these diseases, the need for nutrition education is demonstrated.

Bureau of Dental Health. Nutrition plays an important role in tooth formation and maintenance of good dental health. The daily food intake may influence dental caries. For these reasons, the Bureau of Dental Health and the Division of Nutrition cooperate in producing illustrative materials and dental health programs. Presently, the division is defining its role in dental health programs.

Bureau of Maternal and Child Health. The bulk of nutrition services are focused on the health of mothers and children. This emphasis is based on apparent need and funds available. A program

plan, describing the services of nutritionists, was developed by the maternal and child health nutrition coordinator. A few of the many phases are discussed.

The Phenylketonuria Program includes dietary guidance. The Florida State Board of Health furnishes a protein hydrolysate low in phenylalanine, Lofenalac, to children with phenylketonuria. The nutritionist for the area plans with the family physician for the dietary management; then she counsels with the family regarding the diet. The nutritionist is responsible for the distribution of Lofenalac. This method of distribution has proven to be effective in locating the diagnosed cases and insuring that dietary guidance is given.

The Southwest Regional Nutrition Consultant is the coordinator for the nutrition component of the Migrant Health Project. Each nutritionist furnishes services as needed, but the coordinator is responsible for developing illustrative materials and programs. Color slides and script, developed for use with the migrants, were presented and discussed at the spring conference. In the series, photographs compared persons in good nutritional status to healthy, well-cared-for, productive plants.

The nutrition consultant, assigned to two counties in the southwest, work primarily with migratory agricultural workers. Nutrition education often is given by demonstration on the preparation and use of foods high in nutritive value. The clinics often are held in small overcrowded trailers or framed buildings. Therefore, the nutritionist must use ingenuity in providing nutrition consultation to as many

persons as possible. Recently, this nutritionist collected sets of portable cooking equipment. In the future, she hopes to give outdoor demonstrations in conjunction with the evening clinics.

The state board of health cooperates with the department of education in providing health services and educational programs for Florida's school children. The procedures for providing services are developed at the local level. Teachers may request consultation from a nutritionist in developing nutrition education for her students.

The regional nutrition consultants in the north-central and north-east regions will continue to provide services to the thirteen-county Maternity and Infant Project, until other nutritionists can be recruited. The student observed one of the maternity clinics. The nutritionist gave dietary instruction to patients requiring sodium or calorie restricted diets. Nutritionists presently are working in the Maternity and Infant Projects in Dade and Palm Beach Counties.

In Dade County, the health component of Project Head Start is administered by the county health department. Two part-time nutritionists are employed to participate in this project. Services include: lectures with demonstrations for parents, discussions with the children concerning new foods and good eating habits, and recommendations for improving the food service (this will be discussed in greater detail under the Institutional Nutrition Consultation Program). The student observed the total program, particularly the food preparation and service in two Child Opportunity Centers.

Bureau of Health Facilities and Services. There are two institutional nutrition positions assigned to the Bureau of Health Facilities and Services. The Institutional Nutrition Consultation Program will be discussed in detail in a separate section. Many other nutrition services are offered in connection with this bureau. Home Health Services, as provided by the Health Insurance for the Aged Program, have nutrition implications. The staff has discussed geriatric nutrition and diet modifications for chronic diseases. In some counties the nutrition consultant participates in the training of home health aides.

As a component of health services offered through this bureau, the nutrition consultant in Glades, Hendry, and Highland Counties is developing nutrition services for the Seminole Indians. There is a need for instructions on weight control, general good nutrition, and meal planning. The nutritionist is presently establishing rapport with the younger Indian women, so that they will be more receptive to her advice.

Division of Public Health Nursing. A home visit with the public health nurse is one method of offering service to the family; more important is the fact that it helps the public health nurse formulate sound nutrition principles, which she may use repeatedly. Home visits often are concerned with diet modifications, menu planning, food budgeting, and dietary regulation of phenylketonuria.

The Division of Nutrition and the Division of Public Health Nursing collaborated in writing the leaflet, Your Public Health

Nutritionist Can Help the Public Health Nurse, for the nurses handbook (see Appendix C, page 77). The majority of the nutrition consultant's work is with or through the public health nurse. Therefore, the information in the handbook that defined the role of the nutritionist is a progressive step toward the common goal of better health for the members of the community.

Division of Public Health Education. Mass media is used to help the citizens of Florida improve their nutritional practices. The Division of Health Education provides consultative services in developing appropriate illustrative materials and visual aids. The March, 1967 issue of Florida Health Notes, "Food and Nutritionists," describes the many facets of nutrition services throughout the state. Nutritionists supply the health education division with accurate nutrition information on subjects of current interest. Then, this division writes and distributes radio spot announcements. The Current List of Health Leaflets and Pamphlets is published by this division. This list includes illustrative material that was developed by the Division of Nutrition with consultation from the Division of Health Education.

Cooperation with other agencies. Nutrition education in its most effective form is a joint effort of all specialists in this field. To coordinate the nutrition education for Florida's residents, the Field Agency Nutrition Services Committee (FANS) was formed. The purpose of this committee is to coordinate the nutrition services within the state. The committee includes representatives from the

nutrition division of the state board of health, school food service, the agricultural extension service, and the Florida Citrus Commission.

The Field Agency Nutrition Services Committee sponsored a Youth Nutrition Planning Conference in February, 1967. The objectives were: to focus attention on teenage eating habits; to develop cooperation among agencies, educators, and parents in improving the nutritional status of the youths; and to formulate new approaches in nutrition education. Youth organizations, whose programs often involve science or health, participated by appointing delegates to the conference. Youth delegates, from different geographic regions, represented these organizations: Future Farmers of America, Future Homemakers of America, Future Teachers, Girl Scouts of America, Boy Scouts of America, 4-H Club, Paramedical Club, Science Fair, and Student Council. The trainee attended a committee meeting, which evaluated the conference and developed tentative plans for future conferences.

Each nutritionist, to a certain extent, develops her nutrition consultation program in terms of her background, experiences, and interests. The Northwest Regional Nutrition Consultant has worked extensively with teachers in establishing effective nutrition education programs. She is skillful in developing suitable visual aids, used in teaching good food habits to the young. This consultant and the consultant from the north-central area have helped special education teachers present meaningful programs to their students. A consultant on mental retardation, with the department of education, discussed the nutrition component of some of the special education classes during

the spring staff conference.

The Child Nutrition Act provides financial aid for breakfast programs and food service facilities. Because of this federal legislation, the Florida State Department of Education established the School Food Service Program, which replaced the School Lunch Program. School food services encompass the breakfast program, the Type A lunch, and supplementary feedings. Public health nutritionists offer consultative services to school food service programs in counties without supervisory personnel. The food pattern for the day was developed by the supervisory personnel of the school food service and the regional nutritionists (21). During the spring staff conference, a few of the many nutrition implications of this law were discussed.

The state nutrition director, a regional nutritionist, and the student met with an educator regarding the nutritional programs of Project Head Start. Nutritionists provide consultation to individual Head Start Projects, when requested. The nutritionist who serves two of the Indian reservations has given help in menu development and food preparation to meet the nutritional needs of the preschool children.

The Crippled Children's Commission is a separate commission, appointed by the governor. A regional nutritionist and the student observed an orthopedic clinic. Afterwards the nutritionist, the nurse consultant from the Crippled Children's Commission, and the local public health nurse established a plan for nutrition services for that particular clinic. It was decided that referrals would be made through the county public health nurses and that patients would be seen in the home situations.

The staffs of the Home Economics Programs, Florida Agricultural Extension Service and the Division of Nutrition, Florida State Board of Health have defined their respective responsibilities in nutrition education and other opportunities for cooperation in food and nutrition programs. Memorandums, outlining the nutrition services of each agency, were prepared by the state nutrition director and the director of home economics extension programs and sent to all county health departments, the bureaus and divisions of the state board of health, and the county extension home economists.

On the local level the agricultural extension home economist, assigned to work with the Seminole Indians, and the nutritionist for that area coordinate these programs. The student observed a canning and preserving demonstration given by the home economist in an Indian home.

Institutional Nutrition Consultation Program

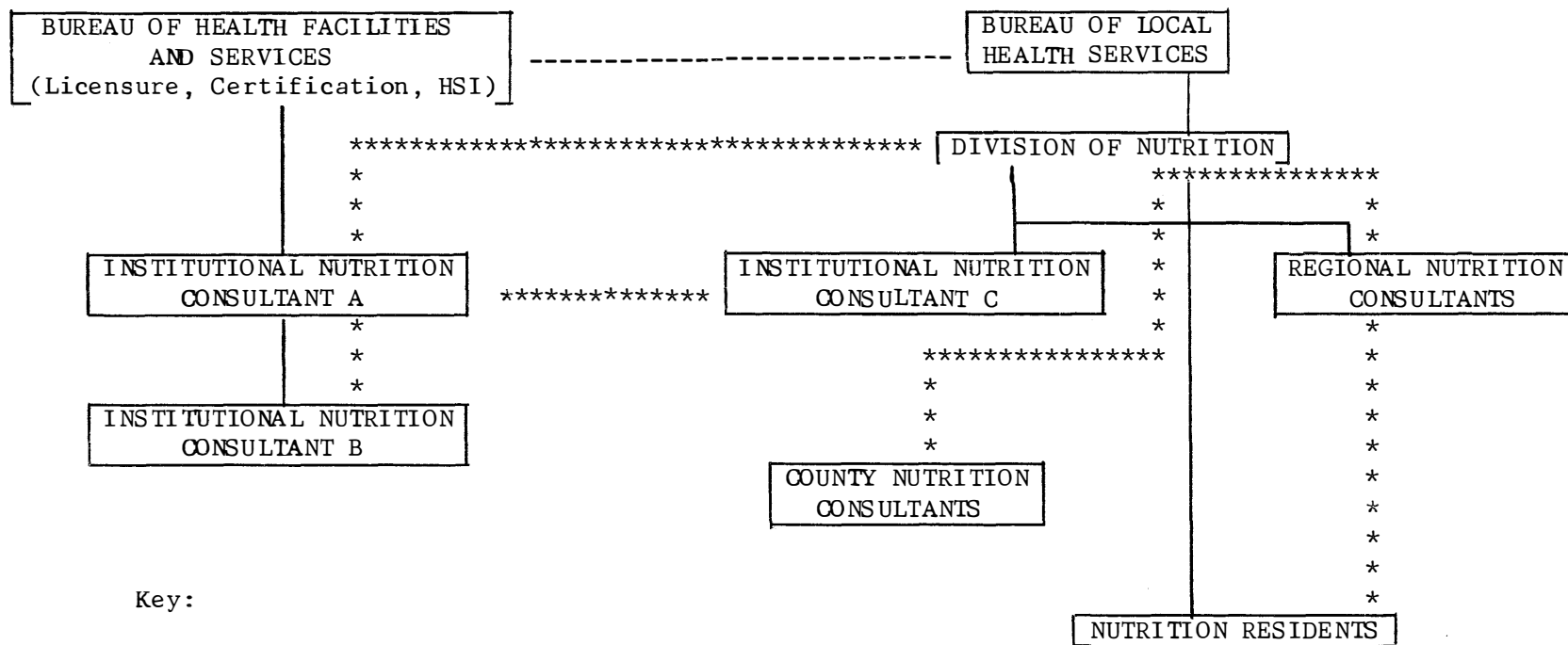
The Institutional Nutrition Consultation Program is a specialized phase of the total nutrition program. An objective of the field experience was to demonstrate to the student the role of the institutional consultant in the maintenance of good health of citizens of all ages. Many opportunities for observation and participation were provided for the student. The objectives of the institutional nutrition program are: (1) to assist the health department personnel in their work with group-care facilities, (2) to provide guidance to staffs of group-care facilities, and (3) to cooperate with other agencies and organization through

consultation. Specific activities to meet these objectives are enumerated in the program plan found in Appendix D, page 78. Examples of services offered are discussed in this section.

History. The first institutional nutritionist joined the staff in 1961. The position was funded through the Division of Hospitals and Nursing Homes in the Bureau of Special Health Services (now the Bureau of Health Facilities and Services) but assigned to the Division of Nutrition. The primary responsibility, at that time, was to provide service to nursing homes and homes for the aged. Workshops for nursing home administrators and food service personnel have been held periodically. It was considered that workshops were the best method of providing service to a large number of homes, simultaneously. Through the years food service guides, for nursing homes and day-care centers, and a menu planning form have been written and revised as needed.

Since the responsibilities of this program have expanded, two new positions for institutional nutritionist were created within the past year. In August, a new institutional consultant joined the staff to coordinate the consultation program for group-care facilities for children. The second new position, unfilled, is within the Bureau of Health Facilities and Services and this nutritionist will have the responsibility for interpreting nutrition and dietary standards to the survey staff of the Health Insurance for the Aged Program. The original staff member is now administratively responsible to the Director of the Bureau of Health Facilities and Services and receives technical guidance from the Director, Division of Nutrition as shown in Figure 3.

FLORIDA STATE BOARD OF HEALTH
INSTITUTIONAL NUTRITION CONSULTATION PROGRAM



Key:

- Administration
 - Reciprocal (Cooperative relationship and exchange of information)
 - ***** Professional and technical guidance
- County Nutritionists are responsible to the County Health Department

Figure 3. Institutional nutrition consultation program, table of organization.

Plan for service. The recently defined program plan structures the program around the three institutional consultants. Although consultative services may be given by regional consultants, local nutritionists, or nutrition residents, the program is coordinated by the institutional consultants.

Each institutional consultant develops one phase of the program and serves as liaison with organizations that relate to her particular phase. The senior consultant coordinates the entire Institutional Nutrition Consultation Program and is the liaison person with the Florida Hospital Association, the Florida Dietetic Association, and the Florida Hospital, Institution, and Educational Food Service Society. The junior consultant, as a member of the Health Insurance for the Aged Program staff, will serve as liaison with the Florida Nursing Home Association and the Florida Council on Aging. The third consultant, the maternal and child institutional nutritionist, coordinates programs for child-caring facilities and is the liaison with the Florida State Department of Public Welfare, Child Welfare Section; Florida State Department of Education, School Food Service Program; and the Florida Association for Children Under Six.

Regional consultants, local nutritionists, and nutrition residents cooperate with the institutional consultants in planning and providing services. They offer consultative service to hospitals, nursing homes, day-care centers, and other institutions. Other activities may include participation in licensing surveys and food service training programs. All of the staff assist in recruitment and placement of

shared, part-time, and consulting dietitians for employment in group-care facilities.

Assistance to health department personnel. The two institutional consultants, the state nutrition director, and the student had several conferences regarding the development of the Institutional Nutrition Consultation Program Plan (see Appendix D, page 78). The program plan outlines the purpose, the objectives, the facilities to be served, and the sources of consultation. This plan clarifies the responsibilities of both the institutional and the generalized nutrition consultants. It may be used as a reference guide for service by the state and county health department staffs.

The Menu Planner and Guide was revised recently. Each nutritionist commented on the old form and the student compiled a new one that included the recommended changes. The senior institutional consultant reviewed and approved the form, before it was given to the printer. The menu planning guide is used throughout the state in consultative service and is available to individual facilities for their own use.

The Bureau of Health Facilities and Services has outlined the qualifications for dietary consultants employed by an institution to fulfill one of the standards of participation in the Health Insurance for the Aged Program. The institutional consultant in this bureau keeps a record of dietary consultants employed by the individual facilities. If the dietary consultant is not a member of the American

Dietetic Association, she must submit credentials and each case is reviewed by the senior institutional nutritionist for approval.

All plans for construction or remodeling of hospitals or nursing homes are reviewed by a hospital consultant in the Bureau of Health Facilities and Services. On a limited basis, the institutional nutritionist assists in reviewing the plans for food service units. The student reviewed the dietary department blueprints of a proposed general hospital in southwest Florida. The senior institutional nutritionist, who also served as the field advisor, wrote a critical analysis of the plans, based in part on the student's recommendations.

The health insurance for the aged survey team was requested to re-evaluate and reconsider a hospital's classification for certification. Two hospital consultants, a nurse consultant, and an institutional nutritionist composed the survey team. The student observed this activity. She participated in evaluating the dietary department and observed the survey methods and procedures.

In Dade County, the nurse and the sanitarian with the nursing home team took the student on a nursing home visit, to check a complaint received by the health department. This team inspects nursing homes and makes recommendations for licensing. In Hillsborough County the nursing home team includes a physician, a nursing supervisor, the public health nurse for the area, a sanitarian, and the county nutritionist. The student observed the mid-year licensing inspection of three homes. Two nursing homes and a special service home, a half-way house for mentally retarded young men, were visited and inspected.

Guidance to staffs of group-care facilities. Group-care facilities in Florida may receive consultative services from a public health nutritionist. The facilities served include hospitals, nursing homes, child-caring, or other group-care facilities. The amount of service varies with each facility, however recruiting and training of qualified food service personnel has priority.

Upon the request from a consulting dietitian, the student prepared an annotated bibliography for planning a food service facility. The two institutional nutritionists and the student met with an architect, a food service consultant, and a hospital consultant regarding a proposed hospital dietary department. The architect suggested that a check list for food service facilities would be helpful in planning, since many details can be easily overlooked. The student was asked to develop A Guide to Food Service Planning for Health Facilities as her specific project. This project will be discussed in detail in Chapter III.

Regional and local nutritionists give consultation to small hospitals and nursing homes that do not have the services of a professional dietitian. The student observed one of the regional consultants provide consultation in a fifty-bed nursing home. The nutritionist spent about three hours observing the dietary department, then discussed her recommendations with the administrator and the chief cook. She plans to repeat this service at three month intervals.

In Duval County 680 children receive care in fourteen Child Development Centers under the auspices of the Office of Economic Opportunity. Each day, food service includes three meals and two snacks. Menu planning and food purchasing for the centers are done by a food service supervisor from the county's central office. Upon request, an institutional nutritionist has given suggestions for menus, preparation methods, and purchasing. One of the nutritionists in Dade County, employed for the implementation of the health component of Project Head Start, was reviewing the food service operation in each of the Child Opportunity Centers. After visiting each facility, she planned to make recommendations for the most effective methods of purchasing food and to establish priorities for training programs.

The Big Cypress and Brighton Indian Reservations, each have a Project Head Start Day Care Center on the premises. The nutritionist was asked to help with establishing a nutrition education program and a food service program. For many of these children and their mothers, who are employed as teacher's aides, the center provides the first opportunity for scheduled meals in the customary dining room setting. Therefore, nutrition education and food service should familiarize the children and their mothers with foods that are nutritious, readily available, and adaptable to the Indian food patterns.

Cooperation with other agencies and organizations. Within the state, only sixteen counties license day-care centers. Licensing in these counties may be under the jurisdiction of the welfare department,

the county health department, or a county licensing board. Figure 4 shows the pattern followed by various counties. Presently, a bill requiring statewide licensing of day-care centers by the department of public welfare is under consideration by the Florida legislature. The institutional nutritionist is interested in this legislation, since the law will establish the agency responsible for supervision. Nutrition standards are not given in detail, but should be considered. The institutional nutrition consultant may help interpret what composes regular, planned, well-balanced meals and snacks. To create an awareness of the recently established institutional nutrition services for child-caring facilities, the institutional consultant participates in programs sponsored by the Florida Association for Children Under Six and exhibits resource material at the state meeting of this association.

In the Spring Miami-Dade Junior College sponsored a Nursing Home Administration Institute. The local nursing home association and the local board of health cooperated by suggesting topics and providing instructors for this course. One of the six sessions considered nutrition for the older person. The senior institutional consultant, the county nutritionist, and the student participated in the lecture and discussion. The student's assignment was to discuss the nutritional requirements of the aged. The two nutritionists discussed diet modifications for certain chronic diseases.

The American Dietetic Association Correspondence Course for Food Service Supervisors is one method used for training supervisory

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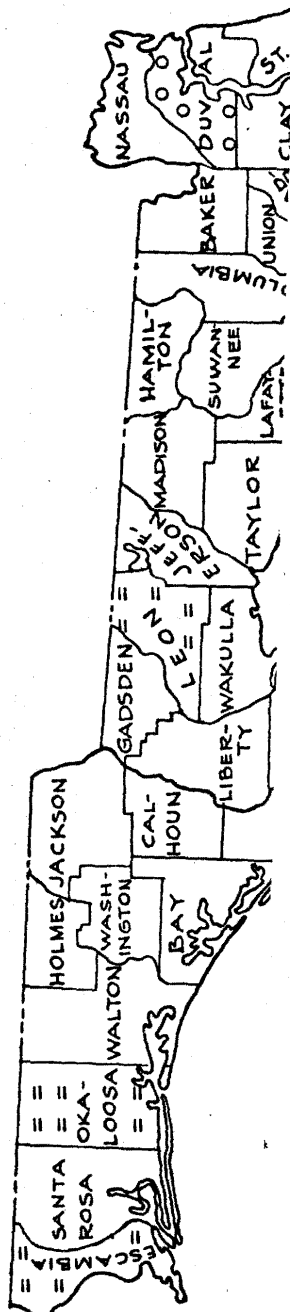
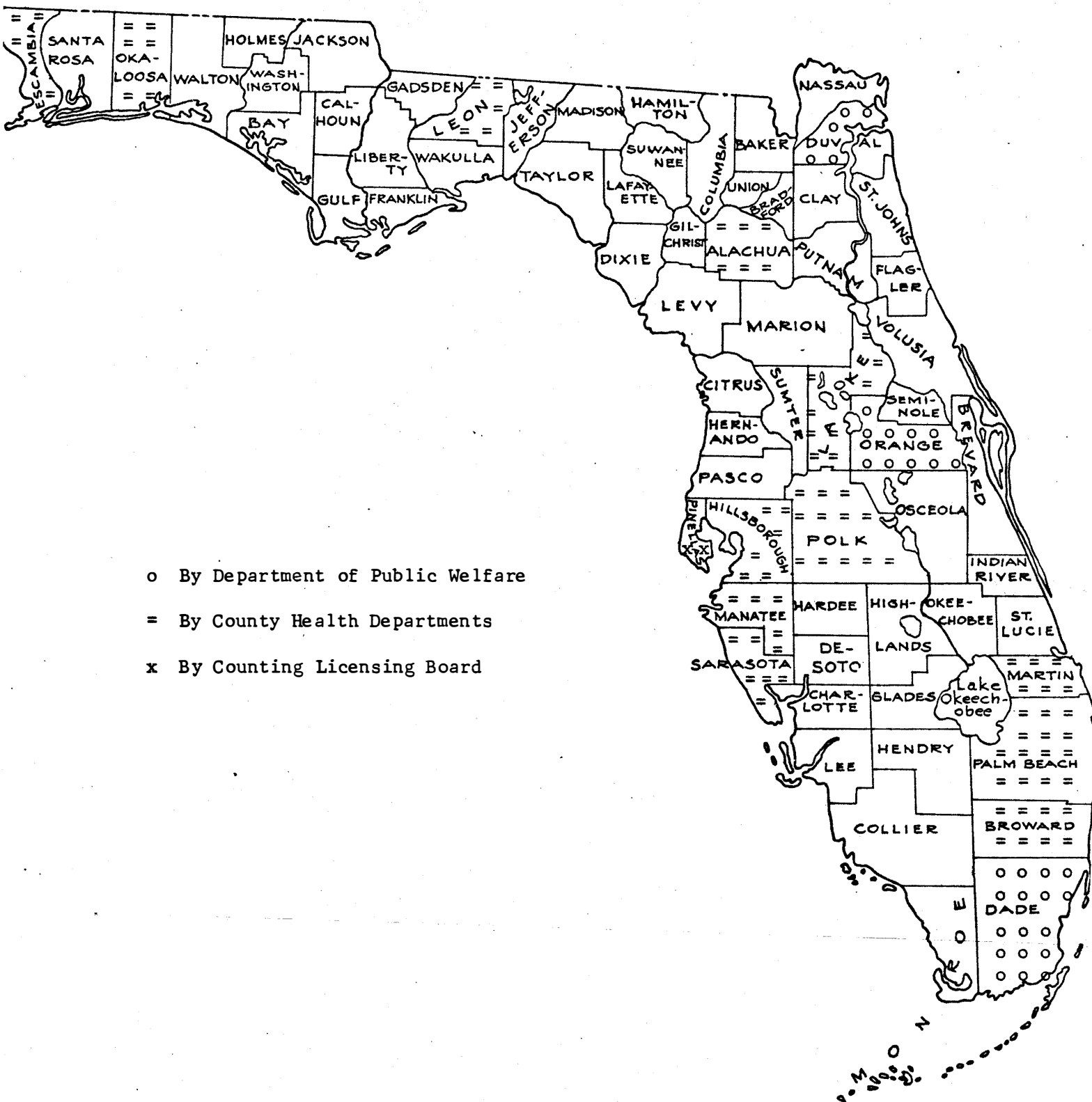


Figure 4. Licensing of day-care centers in sixteen counties, January, 1967.

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personnel. The state board of health through the institutional consultation program cooperated in establishing the course in 1965 and in offering the course again in 1967. As part of the curriculum, a laboratory session must be held midpoint in the course. During the three-day period, the senior institutional consultant and the student participated in a panel presentation on planning nutritionally adequate meals. In other sessions improving personnel relations and developing policies and procedures were discussed. After completing the course, the supervisors are eligible for membership in the Hospital, Institution, and Education Food Service Society. This recently organized society is sponsored by the Florida Dietetic Association.

Providing refresher training for qualified dietitians is another function of this program. In the fall of 1966 the Division of Nutrition, the Florida Dietetic Association, the Florida Hospital Association, the Florida Nursing Home Association, and the University of South Florida co-sponsored a three-day workshop on dietary consultation. The workshop was financed by a United States Public Service Short-Term Training Grant. Two regional follow-up sessions were held during the field experience. The purposes of these half-day workshops, sponsored by the board of health and the state dietetic association, were to identify priorities in providing consultation and to offer an opportunity to share consultation experiences.

CHAPTER III

PROFESSIONAL DEVELOPMENT

Upon completing the field course, an evaluation of the performance is essential. Possibly, the student is the best person to analyze her abilities. The objectives of the analysis are: (1) to review the field experience in terms of professional growth, (2) to determine the special strengths of the student, and (3) to create in the student an awareness for the need for periodic self-evaluation in terms of goals and achievements.

The quality of the student's performance is based on observations of the director and the field advisor and on the student's perception of her role as a future practitioner. As a public health nutritionist, the student will need counseling skills, consultative techniques, and methods of evaluating and applying current findings. The student's abilities were assessed by analyzing a variety of situations and evaluating her performance in an assigned project.

I. SKILLS AND TECHNIQUES USED IN A VARIETY OF EXPERIENCES

Two of the basic functions of the public health nutritionist are consultation with other disciplines and guidance and counseling of non-professional persons. Since these functions require different skills,

they will be discussed separately.

Consultation with Other Disciplines

The student has had experience in therapeutic and administrative hospital dietetics. She worked a year with a state board of health, prior to enrolling in graduate school. Therefore, the student had some knowledge of the practical application of nutrition principles. Possibly, these experiences helped the student to be relaxed and poised in participating in the field agency's programs.

The state nutrition director indicated that the student contributed to conferences as a staff member, not as an observer. The student actively participated in conferences regarding the nutrition component of Project Head Start and the revision of illustrative materials. The staff asked the student's opinion and accepted her judgment. The student attended several meetings for the development of the Institutional Nutrition Consultation Program Plan. The student was not suppressed by the staff members; instead she could participate in amplifying this program. She realized that her judgment was limited by her knowledge of the state. She is grateful to the staff for respecting her less-experienced opinions.

The student participated in a staff conference by presenting a short discussion on the proposed curriculum for institutional nutritionists at The University of Tennessee. The student had an opportunity to discuss material with which she was familiar and to present information that would be meaningful to professional colleagues.

Throughout the field experience, the student was aware of the need for constant review of literature and continuing education. The student benefited from attending the in-service staff conference, held during the field work. These conferences are used to present the most recent findings in research, program needs, and program development.

There are times when the nutritionist must seek the counsel and advice of others. The field advisor noted that the student accepted guidance, when needed, but she reserved the right to question practices that she did not understand. When the student observed the certification survey team, she accepted the leadership of the hospital consultant conducting the survey and recognized the position of the nutritionist on the team.

The student has focused part of her graduate program on a specialized phase of nutrition consultation. The student has always considered that institutional nutrition consultation is not a separate entity, but only one segment of the total nutrition program. The experiences in Florida supported this concept. The state nutrition director pointed out that the student's interests were not limited to the institutional program. This attitude will be helpful to the student in establishing rapport with generalized nutrition consultants.

Guidance and Counseling of Non-professional Persons.

A nutritionist must be able to change her frame of reference from technical details to simple illustrations as the situation warrants. During the field experience the student worked with a variety

of persons with different interests and educational backgrounds. One evening, she gave a lecture to nursing home administrators and the next morning participated in consultation to the staff of an Indian Reservation's day-care center. The two situations were entirely different although they both involved group-care facilities. The nursing home administrators were concerned with elderly chronically ill persons; whereas the program of the day-care center focused on preschool children. Educational background of the persons in the day-care center ranged from the limited education of the Indian cook and teacher's aides to the teacher with advanced training. The group of nursing home administrators was composed of nurses, a lawyer, a chemist, as well as other persons without professional training. The two situations demonstrated that nutritionists must be prepared for a variety of activities and personalities considering each situation separately.

For the panel presentation during the second day of the American Dietetic Association correspondence course workshop, the student discussed the most recent National Research Council's Recommended Daily Allowances in terms of modifying food patterns. After observing the audience on the first day, the student rewrote the talk before she presented it. The field advisor was pleased with the student's presentation and indicated that the food service supervisors found the materials helpful and understandable. This incident exemplified the necessity of tailoring the information to the needs and level of understanding of the audience.

The field advisor noted that the student was idealistic in expectations for small group-care facilities. Because of this idealism, the student tended to be over-critical. With increased experience the student should develop a better understanding of the differences between minimum requirements and desirable standards, never losing sight of optimum goals.

II. DEVELOPING A GUIDE TO FOOD SERVICE PLANNING FOR HEALTH FACILITIES

A reference was made earlier to the request of an architect for some type of guide or check list for use in planning a food service facility, since much thought must be given to minute details. This was considered by the field advisor and the student as an excellent project because the student had expressed a desire to learn more about reviewing dietary department blueprints. The purpose of the check list was to develop a form that could be used by architects in planning and reviewing a group-care food service facility, before the plan is submitted to the Bureau of Health Facilities and Services for approval. The check list could, also, serve as a guide to the health department personnel in reviewing blueprints.

After a conference with the field advisor, the student outlined the objectives for the project. The objectives were to provide architects, food service consultants, and health department personnel with a guide to insure that many minute construction details are considered, and to develop a concise form that contains easy to use, pertinent

information. Then, the student reviewed textbooks, journals, and forms used by several other state health departments. She had other conferences with the field advisor to review progress in relation to the objectives and current findings. The advisor allotted time during the final week of the field experience for the development of the project.

Format

It was decided that the format should be easy to read and as concise as possible. The student thought that each item considered should be written as a simple question, which could be answered by marking either yes or no. The form has three major divisions:

- (1) general considerations to be decided before the plan is drawn,
- (2) useful charts on planning efficient work flow and recommended space allocation, and (3) a check list to focus attention on necessary details of each work unit in the facility.

Before a food service facility is planned, the purpose and the objectives of the institution should be established. Often, meetings are not held with administrator, dietitian, building committee, and key department personnel to consider the many facets that influence the size and cost of the facility. In Part One of the guide, questions may be answered in only a few words. To have this information available should be useful to the architect in developing the plans and to the consultants, who review them.

The field advisor had previously developed a Food Service Layout: General Flow Chart and a table, Estimating Space for Food Service

Area Required in Square Feet. The student felt that this material would be beneficial to the architect before planning the facility. Both of these charts were incorporated into this guide.

The detailed check list was designed as a final review of the plan. The many areas and points discussed include the physical plant; utilities; employees' facilities; receiving, storage, preparation, serving, and sanitation areas. The student compiled this list from the literature and from the personal experiences of the field advisor and the student.

Evaluation of the Guide

The field advisor guided the student throughout the development of the check list. After the first draft was completed, the state nutrition director, the field advisor, and the student had a conference regarding the use and the practicality of the form. It was the general consensus that this form was a good draft, but that it needed constructive criticism and approval from other staff members. There are many sections in the check list, which possibly are considered by sanitarians and engineers with the health department staff; therefore, some points may be eliminated from this guide. After comments are received from other personnel involved in reviewing plans, the field advisor will prepare a guide for distribution to architects and food service planning consultants.

The check list was lengthy (fourteen pages). The student tried to consolidate as many ideas as possible, but the amount of material to be covered was enormous. The consolidation possibly makes the guide

difficult to use the first time. After repeated use, the architect will become more familiar with the format and it will be easier to use. The student realizes the difficulty she has in expressing herself, especially in written communications. This was evident in developing the format.

To complete the final draft of this form required more time than was available. The final tentative draft is found in the Appendix (see Appendix E, page 87). Particularly, conferences with sanitarians and other health department personnel, involved in reviewing blueprints, would have been helpful. Within the limited time of the field experience, it was more important that the student be exposed to all of the functions of the institutional program. The student would have been less familiar with the objectives of the project without the experiences the field advisor provided. Although the form is not ready for widespread use, the objectives were met tentatively. Such projects cannot be completed hastily and preliminary drafts of forms need field testing before they are widely distributed. The most important result of the project is that it provided the student with an opportunity to develop a preliminary or tentative form that filled the need for concise, simple information. The experience gave a reason to review the many ideas that must be considered in planning a food service facility. The student felt the assignment was appropriate and will be useful in the future.

CHAPTER V

SUMMARY AND EVALUATION

The student has analyzed her observations and experiences with the Division of Nutrition, Florida State Board of Health. Activities were scheduled to give additional insight and understanding into the broad spectrum of public health. A limited amount of time was spent in observing the generalized nutrition program. Through staff conferences, meetings with representatives of other disciplines, and participation in the nutrition component of public health programs, the student increased her understanding of the public health profession.

The field experience was focused on the institutional phase of nutrition consultation. The student found this phase of the field training invaluable. The staff's acceptance of the student made possible many opportunities to formulate constructive ideas with other professional persons. The conferences on the development of the program plan for institutional consultation were beneficial. As a future practitioner, the student, possibly, will be asked to develop or help formulate this phase of the nutrition program.

The student hopes to work mainly with child-caring facilities. In complying with the student's wishes, the staff provided numerous opportunities for observing these facilities. The student toured homes for children, day-care centers, and a residence school for

mentally retarded children. Each situation was unique and provided insight into the possible needs of child-caring facilities.

The course work prior to the field experience was applicable and valuable. The student was comfortable in applying nutrition principles because of the relevance of the class work.

The student accomplished the objectives of her field training. She is certain that the knowledge gained during the graduate program will enable her to continue her professional development and will be invaluable in her career.

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BIBLIOGRAPHY

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APPENDICES

APPENDIX A

FLORIDA MERIT SYSTEM SPECIFICATIONS

NUTRITION CONSULTANT I

DEFINITION

This is consultative nutrition and dietary work at the beginning level in the State Board of Health's nutrition program.

DISTINGUISHING CHARACTERISTICS OF THE WORK

An employee in a position allocated to this class assists in promoting and conducting a program of community nutrition within a specified area of the State. Duties include assisting a Nutrition Consultant of a higher level in promoting and conducting a community nutrition and dietary program or performing beginning level work under the guidance of a county health director.

Work at this level is performed under close and instructional supervision from a Nutrition Consultant of a higher level or from a county health director. Employees assume more responsible duties with continued experience and proven ability and must exercise discretion in contacts with county and state health department personnel, teachers, food service workers, and the general public.

This class differs from that of Nutrition Consultant II in that employees at the first level are considered to be apprentices in consultative nutrition and dietary programs, receive close instructional supervision, and perform tasks of limited technical difficulty; whereas, employees at the second level are technically proficient and work only under general supervision and exercise supervisory responsibility over the entire nutrition program for one large county or two or more small counties.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude those tasks from the position if the work is similar, related, or a logical assignment to the position.)

Participates in an orientation program to learn the overall philosophy and organization of the Florida State Board of Health and the

relationship that exists between the nutrition and dietary program and the entire agency program.

Assists in planning and participates in a program of in-service training of public health workers, teachers, food handlers, and others concerned with nutrition and dietary matters.

Assists in providing specific nutrition instructions to individuals referred through local health offices and health department clinics.

Assists in group teaching and demonstrations on good and nutrition at health department clinics.

Assists in providing service to hospitals and other group care facilities to improve standards of food service and nutrition.

Assists in conducting surveys and studies on relationships of dietary factors to health and diseases.

Assists in the development of nutrition educational materials and visual aids.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

Graduation from an accredited four-year college or university with major course work in food and nutrition or institutional administration.

NUTRITION CONSULTANT II

DEFINITION

This is professional consultative nutrition and dietary work in an assigned area of an agency's nutrition program.

DISTINGUISHING CHARACTERISTICS OF THE WORK

An employee in a position allocated to this class performs work on the journeyman level in providing consultative and advisory services

to county health departments in the development of a nutrition and dietary program. Employees may be assigned to a single large counties, or they may be assigned to two or more less populous countries. Duties include providing consultative work in an assigned area for the purpose of promoting and conducting a community nutrition and dietary program.

Work is performed under the general supervision of a Nutrition Consultant of a higher level; however, employees are required to use independent judgment in establishing and maintaining the county nutrition programs. Employees may exercise supervision and provide instruction and training to Nutrition Consultants I.

Work at this level differs from that at the first level in that positions allocated to the latter are assigned apprentice work under close supervision, while positions at the second level are assigned journeyman work under general supervision. This level differs from the third level in that employees at the latter are responsible for exercising supervision and control over a multi-county district, for serving as assistant to the Nutrition Director, for supervising a special statewide dietary program, or directing the entire nutrition program within the largest metropolitan counties characterized by a highly complex group of licensed nursing homes and homes for the aged wherein nutrition problems are encountered, and including a highly populated area of groups which necessitate nutrition and dietary consultation and direction.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude those tasks from the position if the work is similar, related, or a logical assignment to the position.)

Serves as consultant on nutrition and dietary matters to health officers, public health nurses, sanitarians, and other professional personnel in local health departments.

Interprets public health nutrition services and maintains cooperative relationships with civic, educational, governmental, research, and other groups concerned with food and nutrition to achieve coordination of nutrition services.

Plans and provides nutrition and food service consultation and assistance to institutions.

Prepares exhibits, posters, and literature for publicity and educational purposes; gives talks on nutrition and food service to professional, school, and other groups.

Provides direct nutrition services where needed.

Participates in preparing and conducting in-service education programs for new staff and for professional groups such as medical and paramedical personnel and teachers.

Participates in public health field activities for graduates and undergraduates such as nutritionists, dietitians, and other professional health workers.

Assists with, or participates in, studies and surveys on the relationship of dietary factors to health and diseases.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

Graduation from an accredited four-year college or university with major course work in food and nutrition or institutional administration and two years of full-time paid professional experience in nutrition or dietetics of institutional administration; or

Permanent status and one year of agency experience in the Nutrition Consultant I class.

A one-year dietetic internship approved by the American Dietetic Association may be substituted for one year of the required experience.

A master's degree in nutrition or public health nutrition may be substituted for the required two years of experience.

NUTRITION CONSULTANT III

DEFINITION

This is highly professional nutrition and dietary work in an assigned nutrition program in the State Board of Health.

DISTINGUISHING CHARACTERISTICS OF THE WORK

An employee in a position allocated to this class performs highly skilled professional work in directing the entire nutrition program within an assigned district; serving as the assistant to the Nutrition Director on the state level in planning, organizing, and coordinating the state-wide nutrition programs; assisting the Nutrition Director in conducting a highly specialized or selective state-wide program; or directing the entire nutrition program within the largest metropolitan counties characterized by a highly complex group of licensed nursing homes and homes for the aged wherein nutrition problems are encountered, and including a highly populated area of groups which necessitate nutrition and dietary consultation and direction.

Work is performed under the general administrative direction of the Nutrition Director and/or other high level state health officials. Employees are allowed to exercised considerable independent judgment in accomplishing assigned tasks, and they are reviewed only upon completion or by occasional conferences and discussions with the Nutrition Director or other high level officials.

This class differs from that of Nutrition Consultant II in that employees at the lower level perform work in one large county or two or more small counties; whereas, Nutrition Consultants III work under the general direction of the Nutrition Director as an assistant, act as supervisor for selected state-wide nutrition programs, serve as the district nutrition supervisor for one of the state public health districts, or direct the entire nutrition program within the largest metropolitan counties characterized by a highly complex group of licensed nursing homes and homes for the aged wherein nutrition problems are encountered, and including a highly populated area of groups which necessitate nutrition and dietary consultation and direction.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are indented only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude those tasks from the position if the work is similar, related, or a logical assignment to the position.)

Plans, develops, and conducts nutrition services for one of the state public health districts.

Supervises the work of county nutrition consultants through periodic visits and conferences.

Coordinate nutrition services with the operating programs of the State Board of Health.

Prepares, reviews, and selects nutrition educational materials for various communications media and for use in the recruitment and training of Nutrition Consultants of a lower level.

Cooperates with and assists schools of home economics and departments of home economics in basic programs in preparing students for work in public health nutrition and dietetics.

Participates in public health field activities for graduate and undergraduate students such as nutritionists, dietitians, and other professional health workers.

Assists with or participates in studies and surveys on the relationship of dietary factors to health and diseases.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

A master's degree in nutrition or public health and two years of full-time paid professional experience in nutrition or dietetics, one year of which must have been in public health nutrition; or

Graduation from an accredited four-year college or university with major course work in food and nutrition and four years of full-time paid professional experience in nutrition or dietetics, one year of which must have been in public health nutrition; or

Permanent status and one year of agency experience in the Nutrition Consultant II class.

INSTITUTIONAL NUTRITION CONSULTANT

DEFINITION

This is highly professional consultative work in nutrition and dietetics in the nutrition and food service programs of various institutions.

DISTINGUISHING CHARACTERISTICS OF THE WORK

An employee in a position allocated to this class performs consultative services in the state-wide public health nutrition program as related to nutrition and food services for such institutions as hospitals, rehabilitation institutions, nursing homes, child care institutions, and other state and county institutions. Work is conducted for the purpose of improving food service and dietary aspects of care provided by institutional facilities. Duties also include rendering consultative services pertaining to food purchasing, preparation, conservation, menu planning, budgeting, modified diets, work organization, employee training and supervision, and other activities related to food service.

Work is accomplished under the general supervision of the Nutrition Director, and employees exercise independent judgment in performing assigned tasks.

Work performed by employees in positions allocated to this class differs from that performed by employees in positions allocated to the Nutrition Consultant series of classes in that employees performing duties in the latter work in an assigned geographical area or assist the Nutrition Director in carrying out nutrition programs; whereas, employees in positions allocated to this class perform state-wide institutional consultant work relating specifically to the dietary aspects of food preparation, care, handling, and the type of facilities utilized to provide good food preparation for the various institutions assigned.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude those tasks from the position if the work is similar, related, or a logical assignment to the position.)

Serves as a specialist in nutrition, food service, and group care facilities for the State Board of Health and coordinates the program with other operating programs in the agency.

Plans, develops, and conducts a program to improve standards of nutrition and food service as they related to group care facilities.

Plans and assists in conducting studies and surveys related to food service and food care facilities.

Provides consultation and instruction to nutrition staffs and other professional staffs such as physicians, nurses, social workers, and dietitians in dietary, nutrition, and food service facilities.

Provides consultation to building committees, administrative officials, architects, engineers, equipment specialists, and others in planning and evaluating food service departments.

Participates in public health field activities for graduates and undergraduates in such fields as nutrition, dietetics, and other professional health work as it relates to group care.

Provides consultation to administrators and the staff of group care facilities on menu planning, food purchasing, storage preparation and service, budgeting and cost control, modified diets, work organization, recruitment of staff, training of employees, and other activities as related to food service.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE.

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

Graduation from an accredited four-year college or university with major course work in food and nutrition or institutional administration plus a one-year dietetic internship approved by the American Dietetic Association, or membership therein, and three years of full-time professional dietetic experience in a hospital, school, or other institutional feeding program, one year of which must have been in a consultative or institutional administrative capacity; or

A master's degree in nutrition, public health nutrition, or institutional management and two years of full-time professional, technical experience in a hospital, school, or other institutional feeding program, one year of which must have been in a consultative or institutional administrative capacity.

NUTRITION DIRECTOR

DEFINITION.

This is highly responsible work involving the directing and planning of nutrition and dietary programs for the Division of Nutrition of the State Board of Health.

DISTINGUISHING CHARACTERISTICS OF THE WORK

The employee in the position allocated to this class performs highly responsible administrative and consultative work in planning and conducting the State Board of Health's state-wide nutrition and dietetic program. Work consists of correlating and integrating the nutrition and dietary aspects of the public health program with other phases of the state public health program at both the state and local level. The incumbent of the position allocated to this class is also responsible for the selection and training of all subordinate members of the nutrition program, including Nutrition Consultants I, Nutrition Consultants II, Nutrition Consultants III, and Institutional Nutrition Consultants.

Work is accomplished with complete independence regarding planning, coordinating, and conducting the state nutrition and dietary program. Direction and guidance are received from high level administrative officials, and work is accomplished in conformance with the overall policies and procedures of the State Board of Health.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude those tasks from the position if the work is similar, related, or a logical assignment to the position.)

Plans, develops, and directs a nutrition program throughout the State for the promotion of positive health, prevention of ill health, and the dietary aspects of the control of disease.

Plans, coordinates, and participates in public health field activities for graduates and undergraduates such as nutritionists, dietitians, and other professional health workers.

Plans and participates in special research studies relating to the nutrition of the state population.

Serves as a specialist in nutrition to the State Health Officer and all bureaus of the State Board of Health, Nutrition Consultants, local health officers, and upon request, to other state agencies.

Recruits, selects, trains, and evaluates the nutrition staff.

Represents the State Board of Health at professional and other meetings.

Initiates and directs the development of nutrition educational materials.

Prepares articles for professional journals, magazines, newspapers, and radio and television programs.

Establishes and maintains cooperative relationships with educational, research, governmental and other agencies concerned with food and nutrition in order to strengthen, coordinate, and promote activities related to public health nutrition.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

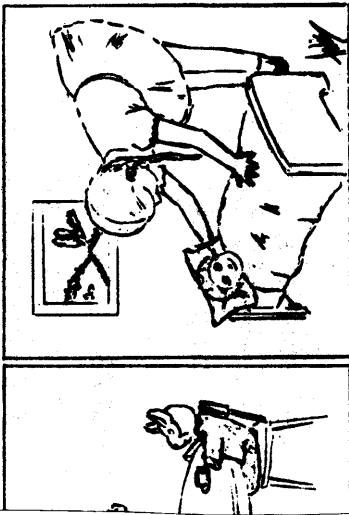
(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

A master's degree in nutrition or public health and four years of full-time paid professional experience in nutrition or dietetics, two years of which must have been in an administrative, supervisory, or consultative capacity in a public health setting.

APPENDIX B

BE A PUBLIC HEALTH NUTRITIONIST

PEOPLE?



TIONIST

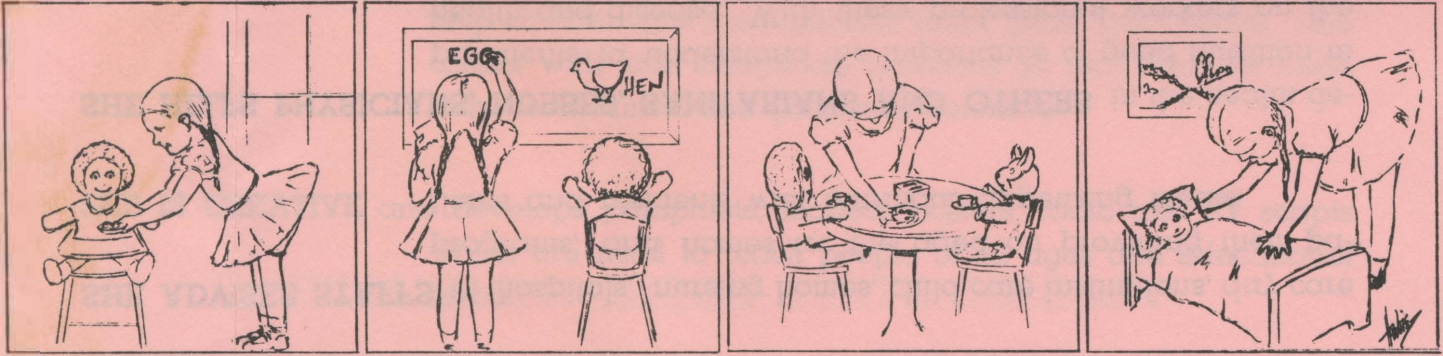
public health nutrition using state or fed-
Foods and Nutrition. Completion of an
ion of Nutrition, Florida State Board of
help people.

FLORIDA STATE BOARD OF HEALTH

P. O. Box 210

Jacksonville, Florida 32201

DO YOU LIKE TO HELP PEOPLE?



BE A PUBLIC HEALTH NUTRITIONIST

- WHERE:** Florida State Board of Health
- WHAT:** Nutrition Residency Program in Public Health Nutrition
First year — Salary and position as a beginning nutritionist
Second year — Encouraged to apply for graduate study in public health nutrition using state or federal training funds.
- WHO:** Graduates with Bachelor of Science Degree with major in Foods and Nutrition. Completion of an approved dietetic internship is desirable.
- HOW:** Write for further information and application blank to Division of Nutrition, Florida State Board of Health, Post Office Box 210, Jacksonville, Florida 32201.
- LOOK:** Inside for a summary of how a public health nutritionist **does** help people.

SHE HELPS PEOPLE—women who are pregnant, mothers with young children, older persons and people with diabetes, heart disease and other chronic diseases — to know about foods which will help them stay in good health and improve their health if they are ill.

SHE ADVISES STAFFS of hospitals, nursing homes, child care institutions, day care programs, and homes for the aged on providing their patients and residents with nutritious appetizing meals.

SHE HELPS PHYSICIANS, NURSES, SANITARIANS AND OTHERS in the health departments to understand the importance of good nutrition in health and disease. With these professional workers on the health team she plans programs to help people in the community learn about what to eat and why.

SHE WORKS IN THE COMMUNITY with social workers, teachers, and nurses — to help children and their parents learn good food habits. She assists with food budgeting problems so that the best foods may be obtained and prepared correctly.

SHE IS CREATIVE and develops pamphlets, leaflets, posters, radio and TV scripts which are used to teach people of all ages and educational levels.

SHE IS UNDERSTANDING AND REALISTIC in her approach to improving food habits of people of different races, religions and regions. She recognizes the importance food plays in the happiness of people.

APPENDIX C

YOUR PUBLIC HEALTH NUTRITIONIST CAN HELP

THE PUBLIC HEALTH NURSE

YOUR PUBLIC HEALTH NUTRITIONIST

CAN HELP THE PUBLIC HEALTH NURSE

WITH FAMILY NUTRITION.

In Health, by

Advising on how to adapt eating patterns of individual families to meet nutritional needs, considering socio-economic level, culture, and food resources in the community.

Teaching nutrition related to special needs in pregnancy, infancy, childhood, adolescence, adulthood, and old age.

YOUR PUBLIC HEALTH NUTRITIONIST
CAN HELP THE PUBLIC HEALTH NURSE
WITH FAMILY NUTRITION

In Health, by

Advising on how to adapt eating patterns of individual families to meet nutritional needs, considering socio-economic level, culture, and food resources in the community.

Teaching nutrition related to special needs in pregnancy, infancy, childhood, adolescence, adulthood, and old age.

Planning lower cost meals that will meet nutritional needs of family members.

Recommending ways of using commodity foods.

In Disease, by

Providing current information on therapeutic diets for diabetes, heart disease, obesity, phenylketonuria, and other conditions requiring dietary control.

Assisting the nurse in adapting therapeutic diets to meet individual patient needs.

Counseling patients needing dietary guidance who have a diet prescribed by a physician.

Teaching home health aides nutrition and food management.

WITH SCHOOL HEALTH, by

Providing nutrition information to schools for use in classrooms, special programs, and exhibits.

Assisting the teacher in integrating nutrition education with her classroom curriculum. Participating in pre-school planning.

Taking part in Teacher Project in Health Education.

Providing help with the school feeding program where there is no school lunch supervisor or when requested.

WITH INSTITUTIONAL NUTRITION SERVICES for hospitals, nursing homes, day care centers, juvenile homes, and other group care facilities, by

Evaluating food service and recommending improvements to meet standards for licensure and certification.

Advising food service personnel on menu planning, food purchasing, food storage, sanitation, and planning for therapeutic diets.

Assisting administrators with kitchen planning and layout, selection and use of equipment, and staff inservice education.

Participating in workshops for food service personnel.

WITH COMMUNITY EDUCATION, by

Participating in the planning of community health programs.

Presenting nutrition information to the public through talks, pamphlets, radio, and television programs and newspaper articles.

Recommending reliable nutrition books and educational materials.

Developing teaching techniques, visual aids, and providing reference materials for nutrition and diet teaching.

WHO IS A PUBLIC HEALTH NUTRITIONIST?

A public health nutritionist has a minimum of a Bachelor's degree with a major in Foods and Nutrition and at least one year of professional experience in public health nutrition or dietetics. Most public health nutrition consultants have a Master's degree in Nutrition or Public Health and/or have completed a dietetic internship qualifying them for membership in the American Dietetic Association.

A PUBLIC HEALTH NURSE CAN HELP A NUTRITIONIST, by

Describing the problem completely.
Collecting as much information as possible about individual and family eating habits, food buying and preparation.

Providing information on physician's order for a therapeutic diet, diagnosis and pertinent facts about care.

Your nutritionist

(Name)

(Address)

APPENDIX D

FLORIDA STATE BOARD OF HEALTH

DIVISION OF NUTRITION

AND

BUREAU OF HEALTH FACILITIES AND SERVICES

INSTITUTIONAL NUTRITION CONSULTATION PROGRAM

CONTENTS

- I. PURPOSE
- II. OBJECTIVES:
 - A. Guidance to Staffs of Group Care Facilities
 - B. Assist Health Department Personnel
 - C. Cooperate with Other Agencies and Organizations
- III. BACKGROUND
- IV. GROUP CARE FACILITIES TO BE SERVED
 - A. Hospitals
 - B. Nursing Homes and Related Facilities
 - C. Child Caring Institutions
 - D. Other Group Care Facilities
- V. PLAN FOR SERVICES
 - A. Institutional Nutritional Consultants
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FLORIDA STATE BOARD OF HEALTH

DIVISION OF NUTRITION

AND

BUREAU OF HEALTH FACILITIES AND SERVICES

INSTITUTIONAL NUTRITION CONSULTATION PROGRAM

- I. PURPOSE
- To assist group care facilities in Florida to provide nutritionally adequate, enjoyable meals that meet the appropriate needs of the population served at a reasonable cost and in a sanitary manner.
- To assist in nutrition and food service education for personnel, patients and residents.

II. OBJECTIVES:

- A. To provide guidance to staffs of group care facilities regarding:
1. Normal and therapeutic nutritional needs of all patients and residents.
 2. Nutrition education for staff, patients and residents and families.
 3. Interpretation of food service as a part of continuing and total patient care.
 4. Menu planning, purchasing, storage, preparation and serving of food.
 5. Principles of food sanitation, warewashing and safety.
 6. Planning layouts of new or remodeled facilities and selecting equipment.
 7. Procedures for cost control, record keeping, personnel selection, training and supervision.

B. To assist health department personnel by:

1. Participation in licensing and certification programs.
2. Consultation to other bureaus and divisions on food service in group care facilities.
3. Participation in planning, conducting, and evaluation training programs for personnel of health department and group care facilities.

C. To cooperate with other agencies and organizations by consultation in:

1. Assisting in development of nutrition and food service sections of regulations of facilities licensed by agencies not employing nutrition personnel.
2. Planning training programs for personnel for quantity food service.
3. Recruiting and training of qualified food service personnel for group care facilities.
4. Providing educational reference materials for use by group care and agency personnel.

III. BACKGROUND

Since June 1961 when a position was funded for a dietary consultant to nursing homes, the institutional nutrition program has mainly focused on providing service to nursing homes and homes for the aged. Small hospitals were visited on request. An average of 50 visits to institutions were made each year by the consultant with additional visits made by regional and county nutritionists, but due to continued vacancies in the regions it was difficult to plan a coordinated program. Work with the nursing homes was mostly carried out in cooperation with the county health department staffs. Several workshops were conducted for nursing home food service personnel as a method to reach a larger group of homes. Some materials have been developed such as the diet manual for nursing homes, diet guide and menu planning forms, food service guides for nursing homes and day care centers.

Since training of supervisory food service personnel appeared to be of prime importance, a project to develop programs for the training of food service supervisors was undertaken and the American Dietetic Association Correspondence Course for Food Service Supervisors was

conducted in 1965 with the cooperation of the Florida Dietetic Association, Florida Hospital Association and the Florida Nursing Home Association. This course which is being repeated in 1967 led to the establishment of one year courses for the training of food service supervisors in three junior colleges in 1966. Two year programs are under development.

Consultation and guidance has been given to health department staffs, to builders and to architects on food service facilities for hospitals and nursing homes. On a limited basis plans submitted for construction have been reviewed.

Need for dietary consultation to child care institutions and hospitals has been recognized but not available. Now with three budgeted positions for institutional nutrition consultants, with five regional and two county nutrition consultants and the nutrition resident program an organized program to provide service to all types of group care facilities can be planned.

IV. GROUP CARE FACILITIES TO BE SERVED

Since all group care facilities take upon themselves the responsibility for the care of those who are dependent and unable to care for themselves, meeting nutritional needs of individuals in the facility is part of this responsibility. This includes all of the following facilities:

A. Hospitals

1. General
2. Children's
3. Psychiatric
4. Alcoholic Rehabilitation
5. Tuberculosis
6. Chronic Disease

B. Nursing Homes and Related Facilities

1. Nursing Homes
2. Extended Care Facilities
3. Rehabilitation Centers
4. Homes for the Aged
5. Maternity Homes
6. Homes for Mentally Retarded and Physically Handicapped.

C. Child Caring Facilities

1. Children's Homes
2. Juvenile Homes
3. Day Care Centers
4. Nursery Schools
5. Kindergarten
6. Summer Camps
7. Residential Schools

D. Other Group Facilities

1. Senior Citizen's Centers
2. Portable Meal Service
3. Correctional Institutions

V. PLAN FOR SERVICES

Standards for dietary facilities in any license or certification regulations are based on principles for quality food service to meet nutritional needs. Assistance is needed so that all institutions meet standards and serve appealing nutritious foods. Sources of institutional nutrition consultation are:

- A. Institutional Nutrition Consultants
- B. Regional and County Nutrition Consultants
- C. Nutrition Residents
- D. Referral to Shared, Part-time or Consultant Dietitians

A. Institutional Nutrition Consultants

1. State Level Responsibilities

There are three positions funded for institutional nutrition consultants. (INC-A, INC-B, INC-C). Two of these positions (INC-A and INC-B) are funded by and assigned to serve the Bureau of Health Facilities and Services in cooperation with the Division of Nutrition. The third position (INC-C) is funded by the Bureau of Maternal and Child Health and assigned to the Division of Nutrition. To coordinate consultation services and provide uniform application of standards, the consultants will work cooperatively on the program planning, development of regulations, training programs,

teaching aids, reference materials, and evaluation tools. Examples are diet manuals, guidelines for planning food service policies, writing job descriptions, making notations on medical charts, surveying food service departments, purchasing and cost accounting. Training programs will include recruitment and training of dietitians and food service supervisors.

- a. Position INC-A is administratively responsible to the Director of the Bureau of Health Facilities and Services, receives professional and technical guidance from the Director of the Division of Nutrition.

Responsibilities of this position include planning, developing and supervision of the total Institutional Nutrition Consultation Program. This will involve assistance to health department personnel in the evaluation of dietary services of health facilities, development of standards, educational and training programs; assistance to health department staff in reviewing food service department plans submitted for construction. The incumbent will serve as liaison person with the Florida Dietetic Association, the Florida Hospital Association, The Hospital Institution, and Educational Food Service Society and other official and voluntary agencies concerned.

- b. Position INC-B is administratively responsible to the Bureau of Health Facilities and Services, receives professional and technical guidance from the incumbent of position INC-A. She will have the responsibility for interpreting nutrition and dietary standards to supervising and survey staff of the Health Insurance for the Aged Program (Medicare) administered by the Bureau of Health Facilities and Services; for orienting survey staff to uniform procedures for evaluation of dietary services; assisting surveyors in preparation of reports, certification reviews and development of recommendations. Provides the institutional nutrition consultation program information and communication related to conditions of participation and the compliance of providers of service. She will serve as liaison with the Florida Nursing Home Association and the Florida Council of Aging.

- c. Position INC-C is administratively responsible to the Director, Division of Nutrition for planning and

coordinating the institutional nutrition consultation program for child care institutions with the Bureau of Maternal and Child Health, but will receive professional and technical guidance from the incumbent of position INC-A.

She will be liaison person with the State Department of Public Welfare, Child Welfare Section; State Department of Education. School Lunch Section, the Florida Association for Children under Six and other agencies interested in the welfare of children in group care.

2. Field Services

a. The three Institutional Nutrition Consultants will plan for the provision of services to all types of group care facilities within a designated geographical region in consideration of available resources. They will offer consultation services to institutions when other resources are not available. Geographical distribution for institutional nutrition consultants.

(1) Division areas for two consultants based on Regional Nutrition areas:

Area 1 - Northwest, North Central, Northeast

Area 11 - Southwest, Southeast

(2) Division areas for three consultants:

Area 1 - Northwest, North Central

Area 11 - Northeast, Southeast

Area 111 - Southwest

b. The three Institutional Nutrition Consultants will serve as resource people to the regional and county nutrition consultants and will coordinate their activities with the state institutional nutrition program. For example:

(1) Provide for continuing relationship with dietitians, who are furnishing part-time services to group care facilities, through periodic workshops, dissemination of reference materials, and cooperative efforts in training programs for food service workers.

- (2) Provide for such relationships and consultation services for full-time dietitians in institutions as may be requested.
- (3) Plan cooperatively to provide for nutrition services to institutions on request.
- (4) Maintain continuous communications with regional and county nutritionists keeping them up-to-date on new legislation, policies, and procedures, related to institutional nutrition programs, surveys for licensure and certification being conducted in their geographical areas, and reference materials and teaching aids useful in institutional nutrition programs.
- (5) Stimulate educational programs for personnel of group care facilities.

B. Regional and County Nutrition Consultants

- 1. Refer all correspondence concerning the institutional nutrition program to the Institutional Nutrition Consultant-A.
- 2. Cooperate with the institutional nutrition consultants in planning and providing services to group care facilities.
- 3. Provide direct service for requests of a routine and/or urgent nature that require immediate response.
- 4. Promote, organize, conduct and participate in nutrition and food service training programs for public health personnel and staff of institutions.
- 5. With institutional nutrition consultants work with educational and official agencies to promote the establishment of curricula in colleges, junior colleges, vocational and technical high schools and adult education programs to prepare persons to become dietitians, food service supervisors or food service personnel.

C. Nutrition Residents

Under the supervision of the regional or county nutrition consultant the nutrition residents can provide assistance to group care facilities in the geographical area to which they are assigned.

D. Referral to Shared, Part-Time and Consulting Dietitians

1. The Division of Nutrition and Bureau of Health Facilities and Services participate in a continuing project with the Florida Dietetic Association, Florida Hospital Association, Florida Hospital Association, and the Florida Nursing Home Association in the recruitment and placement of the shared, part-time and consulting dietitians for employment in group care facilities.
2. Participate in offering training programs, refresher courses, and special consultation to these persons and provide pertinent resource materials on a continuing basis.

VI. PROGRAM EVALUATION

- A. Periodic review of nutrition services to institutions to identify type and number of institutions served.
- B. Periodic evaluation of the quality of nutrition services to the institutions and their impact on the institutions through development and use of appropriate tools and judging quality of services.
- C. Periodic surveys of institutions to determine effectiveness of the cooperative recruitment program for utilization of part-time dietitians.
- D. Periodic reviews by the Bureau of Health Facilities and Services, the Bureau of Maternal and Child Health, county health departments, and the Division of Nutrition to determine the adequacy and appropriateness of the institutional nutrition services in ongoing programs in the State Board of Health which have responsibilities related to population of group care facilities.

APPENDIX E

GUIDE TO FOOD SERVICE PLANNING FOR HEALTH FACILITIES

TO THE ARCHITECT:

The planning and equipping of a food service is dependent upon the characteristics of the population served, the type of service, the number and type of meals. The objectives, listed under General Consideration should be determined before the plans are drawn. Recommendations for space allocations and a general flow chart are included to help in planning the food facility. Since many details can easily be overlooked, the check list was compiled.

HOSPITAL OR FACILITY: _____ DATE _____

ADDRESS: _____

ARCHITECT: _____ REVIEWED BY: _____

FOOD SERVICE CONSULTANT: _____

1. General Considerations

- A. Has a planning conference with administrator, dietitian, building committee and key department personnel been held to determine the objectives listed below?

B. Kind of organization:

1. Classification (hospital, extended care facility, children's home, etc.) _____
2. Type (proprietary, community, etc.) _____
3. Clientele _____
4. Capacity _____
5. Remodeled or new _____

C. Type of food service:

1. Meal Pattern

a. Number of meals per day (3, 5, 1, etc.) _____

b. Types of menus (selective, elaborate,
moderate-submit samples) _____

2. Type of service

a. Patients or residents

1. Tray service: Anticipated no.
per meala. Decentralized: What system or
method will be used in serving? _____b. Centralized: What system or
method will be used in trans-
porting food? _____

c. Staff meals

1. Type of service

a. Pay or free _____

b. Cafeteria or waitress _____

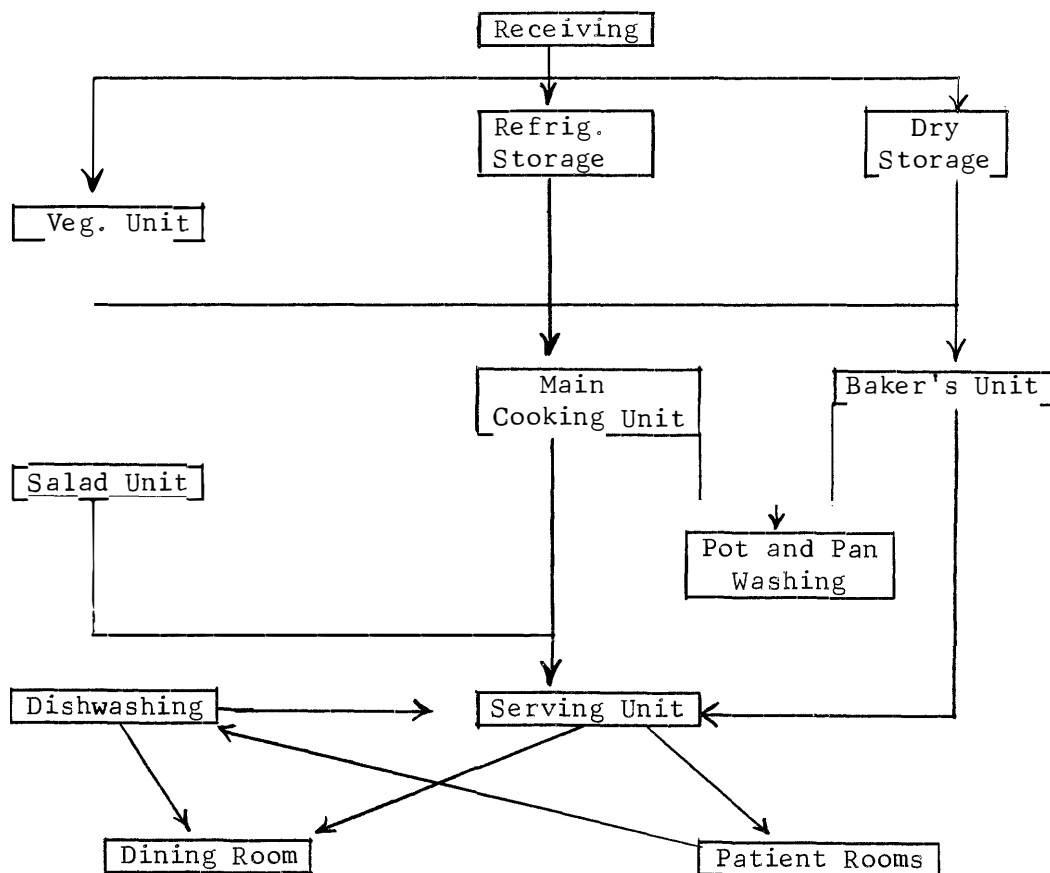
D. Functions of facility

1. Teaching, therapeutic, etc. _____

E. Future expansion plans

FOOD SERVICE LAYOUT

GENERAL FLOW CHART



FLORIDA STATE BOARD OF HEALTH

Estimating Space for Food Service

Department	Area Required in Square Feet Number of Beds			
	50 sq. ft.	100 sq. ft.	200 sq. ft.	400 sq. ft.
Receiving				
Loading Platform	60	60-80	80-100	100-160
Checking area	30-50	50-70	80-100	110-150
Subtotal	90-110	110-150	160-200	210-310
Storage				
Dry bulk	100-200	210-300	375-550	600-850
Non food dietary	20-30	50-75	100-150	200-250
Subtotal	120-230	260-275	385-700	800-1100
Refrigerated (32-40 F)				
Walk-in		80-100	100-200	200-300
Reach-in	27-36	18-27 or no walk- in 54-72	72-90	144-180
Low temperature (10 F-0°F)				
Walk-in			64-100 or	135-160 or
Reach-in	9-18	27-36	36-54	72-90
Subtotal	36-54	125-163 or 81-108	236-390 or 208-344	479-640 or 446-570
Main Kitchen				
Vegetable and salad prepa- ration, cooking and bakery	250-400	400-600	600-800	800-1200

	Beds			
	<u>50</u>	<u>100</u>	<u>200</u>	<u>400</u>
Scullery	50-60	60-80	60-80	60-80
Subtotal	300-460	460-680	660-880	860-1280
Serving				
Tray set-up	120-150	200-250	240-300	240-300
Truck storage	90-135	135-180	180-280	280-560
Subtotal	210-285	335-450	420-580	520-860
Dishwashing				
Soiled dishes	75-100	150-200	200-250	200-250
Clean side	30-50	50-100	75-125	100-150
Janitor closet	36-48	48-64	64-80	64-80
Subtotal	141-198	248-364	339-455	364-480
Office	90-100	90-100	90-100	100-150
Employee Locker Rooms	48-64	96-120	120-160	160-240
Food Service Area without dining rooms	1035-1501	1742-2402 or *1680-1752	2410-3465 or *2382-3419	3490-5060 or *3457-4990
Square feet patient bed of food service without dining rooms	20-30	17-24 or *16.8-17.5	12-17.1 or *11.9-17	8.7-12.6 or *8.4-12.4
Dining Room				
Patient	600-750	1250-1500	1500-2250	3000-4500
Employees	60-75	100-150	200-300	300-400
Total Square Feet	1695-2326	3074-4052 or 3030-3997	4100-6015 or 4082-5969	6790-9960 or 6757-9890

*Use of less walk-in refrigerator.

CHECK LIST FOR FOOD SERVICE PLANNING

	Check	
	Yes	No
II. Physical Plant and Utilities	_____	_____
A. General		
1. Is the location of the food service department good in relation to:		
a. receiving?	_____	_____
b. service for:		
1) patients?	_____	_____
2) personnel?	_____	_____
2. Administration--Are offices provided?	_____	_____
a. Does the office or offices for dietitian and/or supervisor provide:		
1) privacy for conference and business?	_____	_____
2) view for supervision of operations, control of supplies, food processing and service? (glass enclosed)	_____	_____
3) freedom from unnecessary traffic and noise?	_____	_____
4) safety of money, files and records?	_____	_____
5) suitably equipped for work?	_____	_____
6) a well lighted and ventilated room?	_____	_____
7) recommended space (check estimated space recommendation)	_____	_____

	Yes	No
b. Is there a kitchen office or desk for invoices, recipes, etc.	_____	_____
c. Therapeutic diet office--Is space allotted for:		
1) tallying patient's food orders?	_____	_____
2) writing modified diets?	_____	_____
3) counseling of patients?	_____	_____
B. Ventilation		
1. Is there a fan control point in the kitchen?	_____	_____
2. Are exhaust hoods over:		
a. dishwasher?	_____	_____
b. pot washer?	_____	_____
c. coffee urn?	_____	_____
d. cooking equipment (main and auxillary units)	_____	_____
e. steam table?	_____	_____
3. Are filters in hoods self-cleaning or removable and of the same size?	_____	_____
4. Is there method for tempering and circulating air to maintain comfortable working conditions?		
Method _____	_____	_____
5. Is there an "air door" (air screen) at the receiving entrance for insect prevention while permanent doors open during unloading?	_____	_____
6. Are cleanout ducts and access panels provided?	_____	_____

	Yes	No
C. Electrical		
1. Is there any 440 volt equipment? If so, is 110 volt provided or re- quired for starting, holding, solenoids, controls, etc. in system. (This applies particu- larly to dish machine, refrigera- tion, etc.).	_____	_____
2. Are telephones properly located?	_____	_____
3. Is there an intercom system?	_____	_____
4. Are convenience outlets adjacent to:		
a. coffee urns for timers only or pumps?	_____	_____
b. freezer doors for heater strip?	_____	_____
c. refrigerator (walk-in and reach- in) for lights and fans even if remote compressors are used?	_____	_____
d. hoods?	_____	_____
e. steamers for timers?	_____	_____
f. dining room tables for electrical appliances?	_____	_____
g. illuminated signs (including exit signs)?	_____	_____
5. Are there lights for hoods and walk- in refrigerator? (vapor proof?)	_____	_____
6. Is emergency lighting required or desired?	_____	_____
D. Plumbing		
1. Are floor drains adjacent to re- frigerator?	_____	_____
2. Are there adequate general purpose floor drains?	_____	_____

	Yes	No
3. Are floor drains or grate sloped to provide rapid drainage?	_____	_____
4. What is the method of waste disposal?	_____	_____
<hr/>		
5. Are all pipes enclosed but accessible?	_____	_____
6. Is space for remote condensing units for refrigerators provided?	_____	_____
E. Cleaning		
1. Is the floor material easy to clean and durable?	_____	_____
2. Is the wall material easy to clean and durable?	_____	_____
3. Is the ceiling:		
a. accoustically treated?	_____	_____
b. easy to clean?	_____	_____
4. Is equipment mobile, wall mounted, or adequately spaced away from wall for ease in cleaning?	_____	_____
III. Employee Facilities		
A. Are there locker and dressing rooms provided?	_____	_____
Is this area convenient to employees entrance?	_____	_____
B. Is there a time clock and clock card rack in an appropriate place?	_____	_____
C. Are there toilet facilities with hand washing facilities adjacent to the kitchen?	_____	_____
D. Are there drinking fountains provided?	_____	_____
E. Is there a smoking area?	_____	_____

Yes

No

IV. Receiving and Storage Area

A. Receiving Area

1. Loading dock

- a. Is it on the ground floor? _____
- b. Is it covered? _____
- c. Is there adequate space for delivery truck parking? _____
- d. Has adequate space been provided?
(check estimated space recommendation) _____
- e. Is location near:
 - 1) food service department? _____
 - 2) storage rooms? _____
 - 3) receiving area? _____
- f. Is the loading dock used by other departments? _____
- g. Is the area isolated from patient areas? _____

2. Checking area

- a. Has adequate space been provided?
(check estimated space recommendation) _____
- b. Will there be a scale for checking weights? _____

B. Storage area

1. Central Storage

- a. Is it located near the receiving area? _____

	Yes	No
b. Is there a straight line of traffic flow to the area where the food is used?	_____	_____
c. Is it well ventilated with temperature and humidity control? (Recommended temperature for dry storage is 70°F)	_____	_____
d. Can it be locked?	_____	_____
2. Refrigerated Storage		
a. Does refrigerated space meet recommendations?	_____	_____
b. Is low temperature storage adequate? (check estimated space recommendations for both a and b)	_____	_____
c. Is it accessible:		
1) from delivery?	_____	_____
2) to preparation areas?	_____	_____
3) in relation to food service?	_____	_____
3. Non-food dietary supplies		
a. Is space adequate? (check estimated space recommendations)	_____	_____
b. Is it separate from food storage?	_____	_____
4. Day Storage		
a. Is it located in kitchen area?	_____	_____
b. Is cross traffic from the main stores at a minimum?	_____	_____
c. Is cross traffic to work areas at minimum?	_____	_____
d. Can it be locked?	_____	_____

Yes

No

V. Preparation Area

A. Pre-preparation

1. Is it located between storage and cooking units? _____

2. Is cross traffic at a minimum? _____

3. Are aisles sufficiently wide? (5' good) _____

4. Has necessary equipment been determined and space allowed? _____

5. Will work follow a straight line through unit? _____

6. Have water facilities and waste disposal been provided? _____

B. Cooking

1. Is it located near:

a. the pre-preparation area? _____

b. the distribution area? _____

c. equipment racks? _____

2. Have equipment needs been determined and space allotted? (amount and kind of equipment is determined by size of facility, type of service and the menu) _____

3. Is equipment at proper working level on mobile or permanent house? _____

4. Is there a work table across from cooking equipment? _____

C. Baking (may not be separate in small facility)

1. Is it located near:

a. dry and refrigerated storage? _____

b. mixer if it is to be shared with cook? _____

	Yes	No
2. Has cross traffic to distribution area been eliminated?	_____	_____
D. Cold food preparation is it located:		
1. to eliminate cross traffic?	_____	_____
2. near:		
a. distribution points?	_____	_____
b. service area?	_____	_____
c. refrigeration?	_____	_____
VI. Serving Area		
A. Patient or resident serving areas for:		
1. Tray service		
a. Centralized service		
1) Is it adjacent to the preparation area?	_____	_____
2) Has adequate space for tray accessories and set-up been provided? (Check estimated space recommendation)	_____	_____
3) Is cross traffic at a minimum?	_____	_____
4) Is it adjacent to distribution point?	_____	_____
5) Has adequate truck storage space with facilities for steam cleaning been provided? (check estimated space recommendation)	_____	_____
6) Are doors wide enough for ample clearance of food trucks?	_____	_____
b. Decentralized service		
1) Food serving conveyor	_____	_____

	Yes	No
a. Has adequate space for storing and heating food and steam cleaning conveyors been provided? (Check estimated space recommendations.)	_____	_____
b. Has adequate space been provided for loading food conveyor?	_____	_____
c. Is it accessible, without cross traffic, to distribution facilities?	_____	_____
d. Are doors wide enough for clearance of food conveyors?	_____	_____
2) Floor Pantries		
a. Has one for each nursing unit been provided? (unit of 30-35 good standard)	_____	_____
b. Is it convenient to the elevator?	_____	_____
c. Is it centered in the nursing unit?	_____	_____
d. Is the distance to patients at a minimum?	_____	_____
e. If dumbwaiter is used:		
(1) does it open into pantry?	_____	_____
(2) is it for food transportation only?	_____	_____
f. In the decentralized service area, is space allowed:		
(1) for tray set up?	_____	_____
(2) storage of tray accessories?	_____	_____
(3) door clearance for food conveyors?	_____	_____

	Yes	No
c. Nourishments		
1) How will they be handled	_____	_____
2) Who will serve them?	_____	_____
2. Food service area for dining room		
a. For family style or waitress service		
1) Has serving space been provided?	_____	_____
2) Has storage space been provided?	_____	_____
3) Is it located to allow access- ibility from preparation areas without cross traffic?	_____	_____
4) Is it accessible to the dining room?	_____	_____
b. Cafeteria service area		
1) Is the area allowed 1/7 to 1/5 the size of dining room?	_____	_____
2) Is it located to allow accessi- bility from preparation areas without cross traffic?	_____	_____
3) Has area been allowed for cafe- teria line to form:		
a. without cross traffic coming and going	_____	_____
b. that is accessible to patients or residents?	_____	_____
B. Employees serving areas (kind will govern facilities). Will a separate facility be provided? (guide A,2,a. and A,2,b. should be followed for employee serving areas)	_____	_____
VII. Dining Area		
A. Space		
1. Are there separate dining areas for per- sonnel and residents or patients?	_____	_____

	Yes	No
2. Has adequate space per person to be seated been allowed?	_____	_____
Sq. ft. per seat		
Children 9-12		
Personnel 12-15		
Residents or patients* 12-15		
*Allow more space for wheelchairs, etc.		
3. Can 3/5 of expected census be seated at once?	_____	_____
B. Location		
1. Is it adjacent to serving area?	_____	_____
2. Is the traffic flow smooth without cross traffic?	_____	_____
C. Physical conditions		
1. Is the lighting good (preferably natural)?	_____	_____
2. Is the ventilation good?	_____	_____
VIII. Sanitation and Clean Up		
A. Are handwashing facilities:		
1. adequate in number?	_____	_____
2. conveniently located to cooks and other food service workers?	_____	_____
B. Dishwashing and storage		
1. Dishwashing area		
a. Is there a separate unit provided?	_____	_____
b. What type of machine will be used?	_____	_____
c. Is the ceiling accoustically treated?	_____	_____
d. Location--Is it accessible to:		
1) dining area?	_____	_____
2) tray carts?	_____	_____

	Yes	No
3) serving unit? (for supplying clean dishes)	_____	_____
4) garbage area without going through food area?	_____	_____
e. Is central dishwashing provided? If not, is there dishwashing equipment in floor pantries?	_____	_____
f. Physical facilities		
1) Is it well lighted?	_____	_____
2) Is it well ventilated and a ventilating hood provided over machine?	_____	_____
g. Is there sufficient space allowed around equipment for cleaning?	_____	_____
h. Is space provided for detergent storage?	_____	_____
i. Has adequate space been allotted for soil dish return and clean dish area? (check estimated space recommendations)	_____	_____
2. Clean dish storage		
a. Is space provided?	_____	_____
b. Will mobile enclosed units for dish storage be used?	_____	_____
C. Pot washing and storage		
1. What type of procedure will be followed? Is pot and pan sink exclusively used for this purpose?	_____	_____
2. Is there space allowed for:		
a. collection of soiled utensils, pots and pans?	_____	_____
b. storage of clean utensils, pots and pans?	_____	_____

	Yes	No
3. Is space provided for supplies?	_____	_____
D. Housekeeping		
1. Is a closet or area adjacent to kitchen provided for storage of clean articles?	_____	_____
2. Are water facilities for mopping provided?	_____	_____
E. Refuse disposition		
1. Garbage storage		
a. Is it located near the service entrance?	_____	_____
b. Is a refrigerated area provided? If not refrigerated, is it fly proof?	_____	_____
c. Is it used by other departments? If so, is access separate from food service department?	_____	_____
2. Disposal		
a. Are electrical disposals provided?	_____	_____
b. Can the sewer system handle the excess amount of waste, which will be thrown into it?	_____	_____
3. Are facilities and space provided for washing garbage cans?	_____	_____
4. Trash storage		
a. Is an incinerator provided?	_____	_____
b. Is the storage area near service entrance?	_____	_____
c. Is there adequate trash storage for empty tin or will a can crusher be provided?	_____	_____